MENTAL HEALTH & WHOLENESS: A PYSCHOLOGICAL AND THEOLOGICAL FRAMEWORK FOR SUPPORTING MENTAL HEALTH IN THE BLACK CHURCH

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ABSTRACT

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by

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This project will investigate stated theories associated with seeking mental health in the black church. It will examine stigmas associated with mental health and how vital this process becomes to the body of Christ. It will look at the solutions constructed by leading professionals to encourage African Americans (AA) within the Body of Christ to seek professional help. It will address how the church worships each Sunday and struggles with serious mental and emotional health issues that are seldom addressed. A qualitative research method approach using grounded theory was used to determine the effects of mental health education and treatment.

INTRODUCTION

The African American (AA) community has been more intentional about how they care for their physical bodies. Colon, prostate health, diabetes, cardiac care and proper diet and exercise have become household topics in AA homes of any socio-economic group.[1] This is not the case when it comes to managing our mental issues. It appears to be a number of people in the AA community that live with mental illness with some undiagnosed.[2] The vast majority of the people avoid seeking mental health assistance for a number of reasons.

There is an increase in the number increased divorce rates, single parent households, substance abuse, depression and suicidal ideation and all because of how the AA community avoids mental health care.[3]Many AA people are unable to develop and maintain a strong relationship with Jesus because they do not operate in wholeness. The defining problem for consideration is to determine the prevalent barriers to black church in pursuing mental health treatment from professionals. The project will also attempt to formulate solutions and map out avenues that will assist the AA church in encouraging

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[1] Christopher C. H. Cook. "Keynote 4: Spirituality and Health." *Journal for the Study of Spirituality* 2.2 (2012): 150-162.

[2] Christopher C. H. Cook. "Religion and spirituality in clinical practice." *Advances in Psychiatric Treatment* 21.1 (2015): 42-50.

[3] Ibid.

congregants to seek services necessary to foster spiritual renewal of mind, body, soul and spirit leading to wholeness.

One does not find much difference in the concept of Christian counseling, the spiritual and clinical counseling, the secular. Its primary focuses are to shape authentic identity and build confidence in one's ability to live a whole and healthy life. The journey into understanding the effects of mental health in the black church starts with an examination into the minds of the believer and their tension towards this phenomenon.

Overview of the Project

Approaching MH from a more clinical perspective is a slightly new trend happening in the black church. Most AA in black churches, including the Senior (sr.) Pastor find it suitable to address marital and biblical counseling but have not quite wrapped their minds around the idea of counseling someone with a mental illness. The objective of this project is to develop and examine the primary barriers and detrimental effects caused by dismissal of mental health in our black churches. The paper will take a look at the stigma associated with this topic and solutions constructed by professionals in the field that can assist the body of Christ to begin the ministry of love and healing. Love to the point we want to minister to whole human beings.

There have been no surveys or interviews conducted, statistic recorded that do not address the idea that there is a stigma associated in the AA community with the idea of mental health. Turner Chapel AME (TCAME) seems to meet the intrinsic need of the average member in the pew. Since they have incorporated counseling within their church, it appears to create an increase in the growth and development of the member.

This model will be used to demonstrate the value and need for counseling in black church. I would like to present a Holistic approach necessary to meet the needs of the black church that incites a healthy spiritual worship experience, increased financial giving, ministry participation and membership growth.

Through counseling, families are reconciled, crisis is minimized and a greater appreciation of the gospel is emphasized. I would dare to say that until people are free in their mind, no significant growth will occur in their lives. Jesus demonstrated through his miracles in souls being set free and made whole before the mention of freeing them of their sins. Each time they were healed mentally and physically, they were able to minister with power. With that approach the dealing with mental health the same results happens in the black church. The counseling center at TCAME will become a feeder for the idea of launching mental health and wholeness. The following are suggested steps in moving the church towards embracing the concept of living whole lives through removing the stigma associated with mental illness and treatment.

1. Consult with Senior Pastor and core Executive Leadership Team
2. Presentation of proposed project to Ministry Leadership
3. Educating the congregation of the effects of mental health treatment that leads to wholeness.

Projected Goal

Developing a Counseling Ministry/Center

a. Definitions/Pros & Cons

b. Traditional Counseling

c. Spiritual Counseling

d. Pros and Cons of Traditional Counseling

e. Pros and Cons of Spiritual Counseling

f. Best practices for a congregational setting

1. Setting up a Ministry

a. Goal of counseling

b. Selecting and equipping licensed counselors

c. Lay counselors

d. Problems & Solutions

e. Legal Guidelines

2. Licensed Counselors Options:

The counselor may be an independent contractor

The counselor may be an employee of the church

The congregation may establish a separate non-profit organization

Logistics (including privacy and confidentiality)

Implementation of counseling policy

There should be an office in the church building designated solely for counseling

The counselor needs a phone line solely for counseling

Sessions should not be schedule immediately before or after services

The counselor should not discuss counseling sessions with anyone, including pastors, deacons and ministers etc.

3. Essentials of Counseling

a. Counselors objective

b. Counselors Involvement

c. Counselee's need for help

d. The Solution to the counselee's problem

I. Establishment of the Counseling Center in conjunction with DMin Program

A. Program will take approximately 2.5 years to launch.

B. Program will involve members of the black during design and implementation.

C. Program will be paid through tithes and offering of members. The healthier the member and community resident becomes, the more involved in the life of the church they will become resulting in increased participation and giving.

D. Program can be replicated among congregations and affiliated churches via fee based workshops, seminars and leadership counseling.

II. Counseling Center will serve members and the community at large based on a sliding scale.

a. Fees will be based on the prevailing rates for mental health counseling services.

III. Counseling Center will incorporate gifts and talents of existing credentialed members with counseling background as program grows and expands.

IV. Counseling Center will serve as a placement resource for internship opportunities from surrounding colleges and universities.

Chapter One will detail the ministry focus. Church has always been deemed essential for blacks since antiquity. Retrospectively, considering some of the decisions made about church membership, it caused me to contemplate my spiritual intuitions relating to choosing the right congregation.

Chapter Two examines the theoretical foundations. Rates of mental illness on AA communities are similar to those of the general population. Most individuals are able to

maintain good mental health. However, many are in desperate need of mental health treatment. Culturally diverse groups often bare a disproportionately high burden of disability resulting in mental disorders.

Chapter Three examines the Old and the New Testaments. Mental illness and treatment of its existence becomes a difficult topic of conversation for the black church.

With the vast number of mega churches and educated pastors, major efforts should be going forth to address mental health issues. For emotional support. AA communities tend to rely on family, social and religious communities rather than health care professionals. This explains one of the reasons foe hesitancy of trusting and outside professional and placing more of their faith in God and prayer.

Chapter Four cover the methodology used to measure this outcome of the project. A grounded theory approach was used to conduct the research. Qualitative and quantitative research techniques (interviews, depression focus group and surveys) to determine the effects of mental health education and treatment in the black church.

Chapter Five cover the field experience. Observational studies have shown how the black church is more reactive that proactive. Black churches are quick to execute reasons for major campaigns in dilemma of a major mental health incident versus opening their eyes to the malady that present themselves in our churches Sunday after Sunday. This research project addresses the urgent need for the church to take its place in the black community and support this framework for supporting mental health in the black church.

Chapter Six examines the summary, reflections and conclusion of the project. It entails the success of the project, value of the team approach, reflection of the journey, the future of this model, the lessons learned and finally the conclusion.

CHAPTER ONE

MINISTRY FOCUS

Church has always been deemed essential for black since antiquity. Retrospectively considering some of the decisions made about church membership, it caused me to contemplate my spiritual intuition relating to choosing the right church. I then asked myself the question; what does the right church look like and what should it do? These are questions along with others that surface when asked to evaluate an effective pastoral care experience and did I feel love, appreciated and cared for. The realization of what a model church immolated in my mind was one where the primary focus was on the people and not power of the personality. It was a church that was prepared to offer its members an opportunity for freedom, and to walk this earth as whole beings. It was in other words, experiencing God's initial intent for his people in the beginning.

The church of my upbringing was a small church, not only in size but in mentality. It remains to this day that women should lead congregations but teach Sunday school, usher or sing in the choir. As an adult it was important for me to find a church that ministered to my authentic self. After careful search of a small church I had been informed about a church in North Carolina with a dynamic pastor and a charismatic worship experience and the people were inviting and friendly. Even though it was a large church it felt comfortable enough to join in 1998. Under the leadership of the current

pastor the church grew from an 800 member seating capacity to a 2500 in 2002 and then moved again in 2008 to a seating capacity of 5000 with 8500 members on the roll.

This experience was overwhelming initially because of the uncertainties of what the large church could bring. It was not long before I became an extremely active and vital part of this congregation and served faithfully on the prayer ministry, prison ministry, women's choir, drama team, Sunday school and bible study teacher, lay counselor and soon accepted my call to ministry in 2002 and became a licensed minister. With years of consistent, sincere, and faithful service, I felt less than human serving as a "daughter in ministry". I began suppressing anger and started to have unhealthy thoughts about the authentic church and leadership. This was now a time of spiritual reflection of those things taught and learned throughout the years to bring me back into the spirit of God's unfailing. I meditated on Ephesians 4:26, "Be angry and sin not." The Bible makes it clear that anger at this point is sin and should be resolved, so I began to pray those thoughts away. I shared my experience with a counselor that I trusted and was advised not to take it personal but concentrate on my God given abilities. Under the direction of someone who considered me invaluable, I accepted my call to pursue higher education. This is when it became evident that when people are hurting and experience feelings of worthlessness, it makes it extremely difficult if not impossible for the spirit to receive God's word.

Through the hurt and pain, there is something stronger and deeper that will not allow me to turn away from the church. When I am in worship mode and my community surrounds me, it takes me to a place of peace and freedom. I feel as though I have entered into a community where I fit in and as a result of being there I have matured and become

and become a healthier person. That becomes invigorating as I begin to envision purpose and value. It is the calling that allows me to encourage others to embrace their very being and move towards a place of wholeness through effective pastoral care. Pastoral care stems from this implied definition: "Pastoral Care and Counseling involved the utilization by persons in ministry of one-to-one or small group relationships. This definition fits perfectly as it relates specifically with individuals and their relationships with others in ministry."[1] I value healthy relationships and agree that pastoral care is "that aspect of the ministry the church which is concerned with the well-being of individuals and communities" and less concerned with traveling preaching engagements.[2] Although most pastors share the gifts of being a visionary, administrator, preacher/teacher, when it comes to being pastors to their people, they miss the mark. What is preached in the pulpit rarely transcends outside the pulpit and into the hearts and souls of those affected by the absence of care. Counseling in the black church makes sense to aid in getting to the root of family dynamics which could be a catalyst for maladaptive behaviors.

Carrie Doehring's section on empathy also shed some light on this situation. "Empathy plays a crucial role in pastoral care. It involves two simultaneous and opposite relational skills: (1) making connection with another person by experiencing what it is like to be that person, and (2) maintaining separation from the other person by being aware of one's own feelings and thoughts. Empathy is a balancing act."[3] One can

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[1]Yale Divinity School.(2012). Accessed April 3, 2012, from http://divinity.yale.edu/Young, J. L., Grith, E. H. & Williams, R. (2003).The integral role of pastoral counseling by African-American clergy in community mental health. Journal of Psychiatric Services, 54(5), 688-692.

[2] Yale Divinity School.

[3] The Practice of Pastoral Care: A Postmodern Approach Paperback – February 16, 2006 by Carrie Doehring

empathize with a pastor who has major responsibility in handling multiple locations, preaching multiples sermons, being a husband and father, and shepherding a flock of over 8000 members and preaching to a congregation of about 6000 per Sunday not including those streaming through a webcast. I became active in ministry to be an example for Christ as I continue to support the vision of the pastor even when that person may have lost their ministry focus. God is calling us all to stand in the gap for our brothers and sister even when we do not feel it's deserving for that is truly not our place to make judgment calls.

God has created me in his own image and his likeness and pleasing God is my ultimate goal. That goal is that I be considered a valuable asset to the body of Christ and that my gifts would be utilized to build up confidence in a hurting soul. When people enter into an environment broken and uniformed, then tend to focus more on what they did versus what others have done to them. When one has a strong sense of identity and operate in freedom to be who God has created then can reach their ultimate and get what God has ordained.

Professional counseling and therapeutic programs have only recently been introduced with any seriousness within the black church many members attend church Sunday after Sunday, struggling/living with mental health issues that are never addressed. Turner Chapel A.M. E (TCAME) is my context and becomes an example of a black church that embraces women in ministry and supports mental health issues and has a designated counseling center. This is the purpose for exploring the effects of supporting

mental health in the black church, bringing the body of Christ to a place of healing and wholeness as my doctoral project.

TCAME is located in Marietta, Georgia. The worship environment and leadership at this church was particularly yielding to the principals involved in a successful project. While TCAME will serve as my ministry context, I must note that I have spent all of my life in the confines of the Baptist denomination.

The Baptist tradition began as early as 1609 in Amsterdam and then spread to the colonies in 1634 when Roger Williams established the first Baptist congregation in the North American Colonies. Since the Baptist denomination has spread, differentiating its doctrine into more than 150, 000 types of congregations, the largest of which is the Southern Baptist convention. [4]

These two denominations are structured quite differently as well. The AME church is a connectional organization. At the summit of this organization are the Bishops. Bishops are considered Chief Officers in the AME church, and are elected official with elections being held every four years at the General conference. Each Bishop has a number of Presiding Elders whom they oversee. Presiding Elders oversee particular districts, and is responsible for recommending local pastors to oversee the local churches. These local pastors are recommended by the Elders, and receive final approval by the Bishop. Cite

Baptist churches are more loosely structured. Traditionally, the primary offices in the Baptist tradition are the pastors and deacons. Pastors are selected on a local level,

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[4] Torbet, Robert G, *History of the Baptists* (Judson Pr, 3 edition, October 1, 1973)

generally from outside the local church and called by the governing board. The senior pastor of the Baptist church generally carries an Executive role similar to that of the President of the United States. Deacons are generally selected from within the local church body. While each Baptist church may belong to one or more different conventions, the doctrinal stance of most Baptist congregations is similar. Baptist believes that baptism should be performed only for professing believers and is completed by immersion, not sprinkling. [5]

These differences could be pertinent to my doctoral project because of the different status of the Pastoral role. Pastors in the AME church are subject to relocation annually, while Baptist Pastors normally maintain their positions for many years. Changes in leadership can also cause changes in programs. The basic doctrinal stance in the AME church tends to be more consistent, remaining in line with the basic Methodist doctrine, while doctrinal standings in the Baptist tradition can and often do change with changes in leadership. I am embarking on this venture knowing that my experience within the AME arena is limited, but trusting that I will be able to adapt both my project and views to operate fluidly within the church I have selected.

My context is Turner Chapel African Methodist Episcopal (AME) Church. The African Methodist Episcopal Church is a connectional church, which means that each local church is part of the larger organization known as the AME church. As such, Turner Chapel is a part of this larger denomination with a structure that involves several layers of management/leadership from the General Conference, to the Official Board of the local church. The General Conference elects Bishops and these Bishops are placed over

[5] Ibid

several districts. Presently, the AME church comprises twenty districts throughout the Diaspora. Turner Chapel is in the 6th Episcopal District, which encompasses the State of Georgia.

The nomenclature of the church sometimes mystifies those who are not aware of the inclusion of both Methodist and Episcopal, as these are both major and well- known denominations. The addition of African also indicates it is a church for Africans. It is then significant to briefly elucidate the nomenclature of the church. The word African means that the church was organized by people of African descent and heritage. It does not mean that the church was founded in Africa or that it is for persons of African descent only. Questions have been raised on numerous occasions whether a group from Africa who were both Methodists and Episcopalians, relocated to the U.S. and formed a combined church of Africans. The word Methodist in the nomenclature means that the church's roots are in the family of Methodist churches. It should be noted that Richard Allen and the founders of African Methodism were originally members of St. George's Methodist Church in Philadelphia. The harassment from their white parishioners caused them to leave St. George's Methodist Church and form what is known as the African Methodist Episcopal Church. The word Episcopal simply means that the church is governed by bishops. The Bishop appoints the pastor of the local church. The Pastor is accountable to the Bishop with a dotted line firstly to a Presiding Elder, who serves in a district supervisory role. This structure distinguishes the AME church from the Baptist denomination of my background. One might agree that this arrangement for the local church may be considered an inconvenience and an advantage. On the one hand, the local pastor has to be accountable to a higher authority, which means that he has to ensure that

most, if not all of his activities, meets the approval of not only the Official Board of his church, but also that of the Bishop. On other hand, as in the case of Turner Chapel, a church led by a Pastor with a vision and outreach position that transcend denominational efficacies, the execution of certain programs and activities could be potentially inoperative by layers of bureaucracies. Therefore, it is difficult to dismiss or ignore the fact that Turner Chapel is part of a larger denomination or heritage as a congregation's religious heritage or denominational traditions carries much of the explicit theology it holds and to which it aspires.[6]

Brief History of Turner Chapel AME Church

The congregation of Turner Chapel dates its history back to 1853, when African American residents began their first religious meeting shortly after the settlement of the town of Marietta, Georgia. These were religious meetings of African Americans under the direction of the First United Methodist Church. In 1863, Henry McNeal Turner organized the congregants under the auspices of the African Methodist Episcopal Church. The church's name was later changed to Turner Chapel, in honor of Bishop Turner. The church was originally located in historic downtown Marietta.[7]

As the population in the metropolitan area of Atlanta has experienced phenomenal growth in the last thirty years, Cobb County, Georgia being one of the largest counties in the metro area of Atlanta has profited from the growth. Turner Chapel appears to have

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[6] Nancy T. Ammermanet all, *Studying Congregations:A New Handbook* (Nashville, TN: Abingdon Press, 1998), 31.

[7] TurnerChapelAMEChurch, "History of Turner Chapel," accessed February 5, 2014, http://www.turnerchapelame.org/main.htm.

experienced noteworthy growth in that same period with the arrival of the Reverends Kenneth and Cassandra Marcus in 1988. The edifice was located on 548 Lawrence Street, accommodating about 200 persons, began bursting at the seams, basically due to the influx of transplants from other parts of the country. It was noted how new members, normally young and mostly professional with young children, were attracted and motivated to join the church for some of the following reasons: the pastors were young and energetic; the worship services were upbeat and uplifting; the preached word was phenomenal; the voices of the choirs were melodious; the church provided a youth and children's ministry; the Sunday school and Bible study classes provided a learning environment. According to Nancy Ammerman, some people are members because their families have belonged for generations. Others join because of the distinguished age of the congregations, which reaches back three centuries. Still others come for the aesthetics of the worship service or the way the holidays are celebrated. Others are on a personal spiritual quest and because they like the minister. Each of these motivations imply a theology about how to experience faith and how to encounter God.[8]

Ecological Context: Marietta and Cobb County

Turner Chapel is situated in Marietta, Georgia. Marietta is the largest city in Cobb County and is the seat of the county government. Turner Chapel is located on the corner of North Marietta Parkway and Fairground Street, which makes it less than one mile from the county government center. Cobb County is an essential part of metropolitan Atlanta due to its proximity to Atlanta. According to the Marietta Development Authority

[8]Nancy T. Ammermanetall, Studying *Congregations A new Handbook* (Nashville, TN: Abingdon Press, 1998), 33.

estimates, the city's population totals over 60,000 and is comprised of the following population characteristics: 51.63 percent White, 29.67 percent African-American, 3.41 percent Asian, .40 percent American Indian, .12 percent native Hawaiian or Pacific Islander and 16.93 percent Hispanic.[9]Cobb County's population has also grown in relation to the growth in population experienced by the larger metropolitan area. The county's population total of approximately 700,000 is broken down as follows: 70.4 percent White, 23.3 percent Black. 0.4 percent American Indian, 4.1 percent Asian, 0.1 percent Native Hawaiian or Pacific Islander and 11.7 percent Hispanic.[10]

According to the 2008 U.S. Census, 39.8 percent of residents of Cobb County's population age twenty-five and above had a college degree or higher while 88.8 percent of persons over age twenty-five had a high school diploma. Those born on foreign soil, accounted for 11.6 percent and 14.7 percent spoke foreign languages. Home ownership was approximately 70 percent with a median value of approximately $150,000 compared to approximately $111,000 for the rest of the state of Georgia. The median household income was approximately $65,000, and 9 percent of the population lived below the poverty level.[11] The county employs more than 400,000 persons and is considered a leader in employment in Georgia. Several Fortune 500 and international companies are resident in the county including IBM, Lockheed Martin and Home Depot.[12]

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[9]Marietta Redevelopment Corporation, "City of Marietta Profile Demographics," accessed February 20, 2013, http://wwww.mariettaga.gov/committees/mrc/default.aspx.

[10]Cobb County, History of Cobb County, accessed February 20, 2013, http://www.cobbcounty.org.

[11]U.S. Census Bureau, State and County Quick Facts: Cobb County, GA., accessed February 20, 2013, http://quickfacts.census.gov/qfd/states/13/13067.html.

[12]Ibid.

The county is also home to two universities and one technical college namely Southern Polytechnic University, Kennesaw State University and College. Furthermore, the county prides themselves on having some of the best public high schools in the state as evidenced by SAT scores. With the quality of the schools being an imperative causative factor, home values did not decline as drastically in the county, especially in the prominent East Cobb district during the decline of the real estate market.

A Church in the Midst of Growth and Change

From a congregation of approximately 200 members, the membership of Turner Chapel grew to approximately 1,000 in a few years. As the church grew and the sanctuary on Lawrence Street could no longer house the worshippers on Sunday mornings, the church began to host three Sunday services at 7:00 a.m., 9:00 a.m., and 11:00 A.M. Ultimately, the three services began to overflow which incited leadership to make the decision to request the use of the auditoriums and gymnasiums of high schools in the community. Shortly thereafter, the schools became inadequate to host the growing numbers of worshippers on any given Sunday. This brought other challenges such as parking and vehicles way in and out of the parking lots, yet it was a good challenge because of the growth of the church.

In the transitional period, it appeared as if the spirit of willingness, sacrifice and spontaneity amongst the members proved fascinating and overwhelming. The church formed teams comprised of members with responsibility of preparing the auditoriums and gymnasiums of the schools and arranging them like a sanctuary early each Sunday morning which incited growth. Another key observation was that the members offered their talents and professional experiences to tackle any issue at hand.

In 1993, Pastor Marcus and the church officers, agreed upon a vision for Turner Chapel that included a new sanctuary, educational facility, multi-purpose center, childcare facilities and an activity center. Subsequently, in October of 1994, a Church Expansion Committee was formed to address the immediate and long-term needs during each of the three services, held at 7:00 a.m., 9:00 a.m. and 11:00 a.m. and for a worship space.[13]As the church membership comprised spiritual lay persons and professionals from all walks of life, the Expansion Committee was composed of strategists, planners, administrators and financial managers. These individuals brought their skills to the table to solve this major space and wandering problem of the church.

The Expansion Committee determined that a sanctuary seating 2,500 to 3,000 persons would be needed. The church began acquiring the land for the future site of the worship center. As the membership continued to grow, it was decided to build a Recreational Center prior to building the Worship Center. In 1998, construction began, and on July 18, 1999, Turner opened the doors of a new Turner Chapel Recreational Center, which served as a 'temporary home' to over 4,000 members, until the new main sanctuary building was completed.

In 2002, the Expansion Committee announced plans for the new Worship Center.[14]The founder of African Methodism, Richard Allen remarked about the spirit of faith in action as they organized the AME church. The entire membership gave of themselves, their time, talent and treasures. The 100,000 square foot Worship Center was completed and the first service was held on Palm Sunday, 2005. The new Worship

[13] The Cathedral of Turner Chapel AME Church, Dedication Journal, June 2005

[14] Ibid.

Center, which stands at the corner of Fairground Street and North Marietta Parkway, in Marietta, Georgia, includes three levels and features a state- of—the art audio and video technology, a generous narthex, and ample facilities.[15]

Due to the outstanding reputation of the Pastoral team and the current size of the church, Turner Chapel has become one of the major congregations in the Sixth Episcopal District and perhaps in the African Methodist denomination. Since opening and dedication of its new sanctuary in 2005, Turner has hosted many major events of the district including two annual conferences.

Implicit Theology

Another major uniqueness of Turner Chapel which confirmed my decision was the worship service. Turner's worship style unbeknownst to me, was similar to my former congregation in its Pentecostal free style of worship. Although denominational affiliation is still important to individuals seeking a congregation, prospective members also look for innovative or relevant programs, worship styles, and services, such as Sunday school, day care, and support.[16]

It appeared as if, similar to my Baptist tradition, Turner has mainly two distinct groups of members, namely the Old Church and the New Church. Because one worship service is currently held on Sundays, it is difficult to keenly observe the difference. However, in the past, there were two worship services on Sundays—at 8:00 A.M. and at 11:00 A.M. The 8:00 A.M. crowd was what is referred to as the Old Church. These are the faithful and committed worshipers. Most of them have either been African Methodists

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[15]Ibid.

[16]Ammermanet, *Studying Congregations*, 54.

or members of Turner for a long time or they come from denominations where the worship services are more conservative with the silk stocking mentality. This group also was generally older than the other. Because of their rather conservative nature, the service was not as loud and free spirited as the 11:00 A.M. service. The preacher did not get as many "amens" during the sermons. Another observation revealed that although this group was fewer in numbers; they contributed the most to the congregation and were very supportive financially. On the other hand, the 11:00 a.m. worshippers or the New Church were more free spirited or liberal in their worship. They were generally younger, professional and more transient than the 8:00 a.m. group. They are the group that is not generally interested in the intricacies of the organization. They are also more concerned about such aspects as the length of the worship service. During long worship services, one notices their mass exodus out of the sanctuary during or immediately after the sermon.

Although their numbers during the 11:00 a.m. service probably surpassed that of the Old Church, they were less committed in terms of their contributions to the ministry. As we currently worship together in one service, the pastor and leadership are cognizant in creating a balance between these two large blocks of worshippers. There exists here some tension and negotiation as noted by Ammerman; however, the majority loves the more upbeat nature of worship service, which the Old Church is tolerating or embracing. From all indications, the pastor is clear that he would love a church where all worshippers could worship the Lord with much exuberance and freedom.

Turner's vision of making a difference in people's lives by extending the ministry and mission of Jesus Christ extends throughout the Diaspora as missionaries makes visits

to countries in the Caribbean to work with other churches and provide assistance to suffering humanity. On two occasions, a representation of the youth ministry visited Trinidad and the Dominican Republic to share the gospel with other young people, spend time with the elderly in nursing homes and painted local churches. Also, Pastor Marcus and other members have made several mission trips to Africa. Turner makes sure they take advantage of outreach opportunities. They supported the victims of Hurricane Katrina and gathered clothing from one of their former members, who currently live in Africa awarded scholarships to deserving students encouraging the students to achieved academic excellence.

The church also partners with the community by its involvement in programs such as Harmony House Program, the prison ministry of Turner, and the Young Family Resource Center. The county collaborates with the church in assisting released convicts transition from inmates to productive citizens. The Young Family Resource Center assists teen- aged mothers with their children during the day in order for them to complete their high school education.

A Large Church with a "Small Church Feel"

Although Turner is a large church in size and membership, culturally, it is still a small church in many respects. The clergy, especially the Pastors Dr. Kenneth and Cassandra Marcus have embracing and caring personalities. On most Sundays, after the worship service, this pastoral team greets members and visitors in the church's vestibule. The members are also very welcoming to all including first time visitors. Nonetheless,

consistent with larger congregations, only a small fraction is consistently involved in the church's activities, meetings and programs and giving.

It seems that during approximately, 2000 worshippers attend the services; however; other Christian celebrations such as Ash Wednesday and Foot Washing services are poorly attended. Of the more than 2,000 men who are members, the headcount at men's breakfast every first Saturday averages approximately 150. Additionally, one basically encounters the same members in almost every decision making role and at every meeting.

Challenges and Opportunities

As the church is situated in a rather middle to upper class suburb, it has attracted a considerable number of professionals who have become leaders and who assist the pastor in making decisions. Most times, the leaders bring planning skills, are detailed oriented and are adept at execution of tasks to desired outcomes; however, in the process the leaders often forget that in the corporate world, decisions are focused on the bottom line, the preservation of the entity and the maximization of shareholder's wealth without regard to the social or human ramifications of their decisions. Leaders have to be mindful that from time to time their decisions as a church body directly affect or impact the lives of real people-our brothers and sisters in faith. It may be a life that has just come to know Jesus in the true pardon of her sins. Consequently, decisions for example to reduce the benevolent fund for the week or the month may be catastrophic to an individual or family or to cancel summer camp may gravely impact a child and his parents. Undoubtedly, the

church has lost prospective, as well as current members by decisions that seem insensitive to those affected.

Due to the growth of its surrounding areas and its proximity to Atlanta, Turner Chapel has found itself in a neighborhood that is rapidly changing. Turner attracts members from both the northern and southern suburbs of Metropolitan Atlanta. A formerly small town congregation now finds itself in the midst of an exurban sprawl. To whom shall it address itself, and how?[17] Turner is an AME Church; however, the populations of other ethnic groups such as the Latinos continue to grow in its vicinity. This trend is likely to continue as this ethnic group is projected to grow faster than others in the next ten years. The church's non-traditional worship style could potentially be attractive to a cross section of the population. Practical theology as it is now being understood, places high priority both on the facts of the situation in which a congregation finds itself and on the experience of the congregation.[18]

A New Strategic Direction

After the new sanctuary was completed in 2005, the U.S. economy suffered its worst recession since the great depression. The congregation was determined to utilize the new facility to do great ministries. Actually, the completion of the sanctuary was part of a planned phase that included the construction and operation of an educational center where the students/children could receive first class Christian education; however, the resources declined considerably as the membership was greatly impacted by loss of

[17]Ibid.

[18]Ibid. 25.

employment, loss of homes and businesses. This was expected as a considerable number of employers downsized to keep afloat.

In view of the above, most of the resources were channeled to meet mortgage payment, personnel and other operational and administrative obligations as opposed to meeting ministry and humanitarian needs. Additionally, the membership seemed spiritually exhausted from the numerous years of moving from the old church on Lawrence Street to the high school gymnasiums, to the Recreational Center and finally to the Cathedral.

Based on the continued challenges posed by the growth in membership and the new sanctuary, the church undertook and completed a Strategic Plan to establish a new direction for the ministry as guided by the vision of the pastor and approved by the membership. Strategic action and prayer are best accompanied by a careful assessment of the social ecology and the social capital within that context.[19] The plan incorporates many of the attributes and studies suggested by Ammerman such as ecology, culture, an evaluation of the resources, and a reassessment of the various ministries together with the strengths, weaknesses, potential opportunities and threats. The plan also addresses the goals to be accomplished while adhering to the church's vision and mission and proposes specific strategies to accomplish the goals, the personnel to implement the strategies, timelines for completion and a periodic review of the plan to ascertain that the tasks are being accomplished within the established timeframe. Periodic inspections will also expose challenges that may require reassessment and redirection of the goals in keeping with the view that the desired outcome is to connect lives to the saving and embracing

[19]Ibid., 74.

power of Jesus Christ and ultimately make a difference in the community.

The plan, currently at its one and a half year of implementation, reveals several facets are steadily progressing toward the stated goals, notably, community development, stewardship, human resource/personnel, mental health, membership, leadership training, and budget review. It is noteworthy that those who prepared the plan and those with the responsibility to implement the plan, come from the rank and file of the membership, which speaks of the enormous blessing of God on Turner. The final results or outcomes from this reassessment may purport some change or conflict; however, as Ammerman's most general finding stands out: the only congregations that avoided conflict were those that refused to change a refusal that would ultimately mean their demise. The only sure way for a congregation to die is for it to close itself off from its context.[20]

With Turner's vision, being purposeful in their worship style, number and quality of membership, together with the constant evaluation of its various ministries, and their astute awareness of the positive effects of supporting mental health, this church is poised to impact their community and respond to its growth positively.

[20]Ibid. 76.

CHAPTER TWO

STATE OF THE ART IN MINISTRY

MHA works to improve the lives of the mentally ill in the US through research and lobbying efforts. Cite A number of governmental initiatives has helped to improve the US mental healthcare system. [1] In 1946, Harry Truman passed the National Mental Health Act, which created the National Institute of Mental Health allocated government funds towards research into the causes of and treatment for mental illness. In 1963, Congress passed the Mental Retardation Facilities and Community Health Centers Construction Act, which provided federal funding for the development of community-based mental health services. [2] The National Alliance for the Mentally Ill was founded in 1979 to provide support, education, advocacy, and research services for people with serious psychiatric illnesses." [3] Other government interventions and programs, including social welfare programs have worked to improve mental health care access. [4]

Barriers to Mental Health Treatment

AA communities across the US are more culturally diverse now than any other time in history with increasing numbers of immigrants from African nations, the Caribbean,

[1]NAMI, the National Alliance on Mental Illness, Accessed January 21, 2015,https://www.nami.org

[2]NAMI, the National Alliance on Mental Illness.

[3]NAMI, the National Alliance on Mental Illness.

[4]NAMI, the National Alliance on Mental Illness.

Central America and other countries. To ensure AA communities have access to adequate and affordable care, a better understanding of the complex role that cultural backgrounds and diverse experiences play in mental disorders in these communities is vital.

Access to care according to the National Institute of MH, AA and other diverse communities are underserved by the nation's mental health system. For example, one out of three AA who need mental health care receive it. Compared to the general population, AA are more likely to receive follow-up care. Despite recent efforts to improve mental health services for AA and other culturally diverse groups, barriers remain in access to and quality of care from, insurance coverage to culturally competent services. For those with insurance coverage for mental health services and substance use disorders is substantially lower than coverage for other medical illness such as hypertension and diabetes.

Historically, mental health research has been base on Caucasian and European based populations, and has not incorporated understanding of racial and ethnic groups and their beliefs, traditions and value systems. Culturally competent care is crucial to improving utilization of services and effectiveness of treatment for these communities [1]

Rates of Mental Disorders

Rates of mental illness in AA communities are similar to those of the general population. Most individuals are able to maintain good mental health. However, many are in desperate need of mental health treatment. Culturally diverse groups often bear a disproportionately high burden of disability resulting from mental disorders. This

[1]Hatch J, Derthick S. Empowering black churches for health promotion. Health Values. 1992; 16:3–9.

disparity does not stem from a greater prevalence rate or severity of illness in AA, but from a lack of culturally competent care, and receiving less or poor quality care. Cite. For some disorders, such as schizophrenia and mood disorders, there is a high probability of misdiagnosis because of differences in how AA express symptoms of emotional distress. And while the rate of substance use among AA is lower than other ethnicities, alcohol and drugs are responsible for more deaths in the AA community than any other chronic disease in the US. Cite

Cultural Issues

AAs are a resilient people who have with stood enslavement and discrimination to lead productive lives and build vibrant communities. Throughout US history, the AA community has face inequities in accessing education, employment, and health care. However, strong social, religious, and family connections have helped many AA overcome adversity and maintain optimal health. Many Americans including AA underestimate the impact of mental disorders.

Many believe symptoms of mental illnesses, such as depression are "just the blues". Issues of distrust in the health care systems and mental illness stigma frequently lead AAs to initially seek mental health support from non-medical sources. Often the African Americans turn to family, church, and community to cope. The level of religious commitment among AA is high. In one study, approximately 85% of AA respondents described themselves as "fairly religious "or "religious" and prayer was among the most common way of coping with stress. Because AA often turn to community groups and religious leaders for help, the opportunity exist for community health services to

collaborate with local churches and community groups to provide mental health care and education to families and individuals.

Studies have shown that family participation in a support group or a church group can improve the family's ability to care for family members with mental disorders and cope with the emotional distress of being a caregiver. AA communities across the US are more culturally diverse now than in any other time in history, with increasing numbers of immigrants from African nations, the Caribbean, Central America and other countries. To ensure AA communities have access to adequate and affordable care, a better understanding of the complex role that cultural back grounds and diverse experiences play in mental disorders in these communities is vital.

"AA Christianity is a cultural and social reality that has hewn from 250 years of slavery followed by 100 years of official and unofficial segregation in the south and north."[2] The history of the black church is complex and multilayered, scholars and theologians agree that it developed in response to the struggle for freedom and fate of the Union during the Civil War.[3] Community empowerment lends a great asset to the history and future of the black church.

"Suicide is now the third leading cause of death among Black males ages fifteen to nineteen after homicide and accidents." [4] The author determines that knowing the culture of the black community will enlighten us on the causes of why African Americans

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[2] Ibid.

[3] Ibid.

[4] Alvin F. Poussaint and Amy Alexander. *Lay My Burden Down: Unraveling Suicide and the Mental Health Crisis among African Americans*. (Boston, Ma. Beacon Press, 2000)

are not seeking mental health treatment which presupposes the increase of suicidal ideation and attempts.[5]

It appears as if in the last twenty years incorporating who the black race is spiritually with the concept of therapy is gaining ground for the black community. [6] The primary focus is learning creative ways to integrate the aspects of our religious heritage into our therapeutic processes.

Biblical Counseling

The biblical counseling movement in the late 1960's sought to regain counseling for the church and provide a Christian alternative to conventional psychiatry and psychotherapy. [7] The brief history of biblical counseling is complex in considering its hypothesis that the biblical text is the sufficient groundwork and guiding authority of counseling. Biblical counseling is formed by diverse influence including hermeneutics, psychology, ecclesiology, apologetics, and even epistemology.

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[5] Ibid.

[6] B. C. Post and N. G. Wade. "Religion and spirituality in psychotherapy: A practice-friendly review of research". *J. Clin. Psychol.* 65 (2009) 131–146.

[7] (Powlison 2010)

Theoretical Definitions

Wholeness

Used as an adjective, the word whole comes from the Greek words of *holos* and *holokleros* meaning all, entire and complete. These two words come from the noun *holokleria* meaning completeness. In the biblical context of health and wellness, wholeness might mean being in spirit well in spirit, mind, and body.

Mental Health

Mental health is a state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities to function in society and meet the ordinary demands of everyday life. It is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. A field compromising various professions, such as psychiatry and social work, that deals with the promotion of mental and psychological well-being and the prevention, diagnosis and treatment of mental disorders.

World Health Organization

Mental Illness

Mental illness refers to conditions that affect cognition, emotion, and behavior (e.g. schizophrenia, depression, autism). Formal clinical definitions now include more information (i.e., we have moved from a partial to a more holistic perspective and transitional from a focus on disease to a focus on health). The informal response has

fostered a parallel transition from a focus on the stigma of mental illnesses to the recognition that mental health is important to overall health. [8]

Mental Health Facts

- Around 20% of the world's children and adolescents have mental disorders or problems. About half of mental disorders begin before the age of fourteen. Similar types of disorders are being reported across cultures. Neuropsychiatric disorders are among the leading causes of worldwide disability in young people. Yet regions of the world with the highest percentage of population under the age of nineteen have the poorest level of mental health resources. Most low- and middle-income countries have only one child psychiatrist for every 1 to 4 million people.

- Mental and substance use disorders are the leading cause of disability worldwide.

- Over 800 000 people die due to suicide every year and suicide is the second leading cause of death in fifteen to twenty-nine year-olds. There are indications that for each adult who died of suicide there may have been more than twenty others attempting suicide. Seventy-five percent of suicides occur in low- and middle-income countries. Mental disorders and harmful use of alcohol contribute to many suicides around the world. Early identification and effective management are key to ensuring that people receive the care they need.

- Mental disorders are important risk factors for other diseases as well as unintentional and injury. Mental disorders increase the risk of getting ill from other diseases such as HIV, cardiovascular disease, diabetes, and vice-versa.

- Stigma and discrimination against the individual prevent people from seeking mental health care. Misunderstandings and stigma surrounding mental illness are widespread. The stigma can lead to abuse, rejection and isolation and exclude people from health care or support. Within the health systems, people are too often treated in institutions, which resemble human warehouses rather than places of healing.

- Human rights violations of people with mental and psychosocial disability are routinely reported in most countries. These include physical restraint, seclusion

[8] Manderscheid, Ronald W. et al. "Evolving Definitions of Mental Illness and Wellness." *Preventing Chronic Disease* 7.1 (2010): A19.

> and denial of basic needs and privacy. Few countries have a legal framework that adequately protects the rights of people with mental disorders.[9]

Spirituality

Spirituality is defined in the broadest sense as an overarching construct that includes a personal journey of transcendent beliefs and a sense of connections with other people, experienced either within or outside of formal religious structures.[10]

Psychological

Psychology is the study of the mind and behavior. It is an academic discipline and an applied science, which seeks to understand individuals and groups by establishing general principles and researching specific cases. It is pertaining to the mind or to mental phenomena as the subject matter of psychology, pertaining to, dealing with, or affecting the mind, especially as a function of awareness, feeling or motivation.

Theological

Relating to, or involved with theology; based upon the nature and will of God as revealed to humans. The word "theology" comes from two Greek words that combined mean "the study of God." Christian theology is simply an attempt to understand God as

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Everett L. Worthington Jr. and Steven J. Sandage. "Religion and spirituality" *Psychotherapy: Theory, Research, Practice, Training* 38 no. 4 (2001) 473-478. Accessed January 21, 2015. http://dx.doi.org/10.1037/0033-3204.38.4.473

Everett L. Worthington Jr. and Steven J. Sandage. "Religion and spirituality" *Psychotherapy: Theory, Research, Practice, Training* 38 no. 4 (2001) 473-478. Accessed January 21, 2015. http://dx.doi.org/10.1037/0033-3204.38.4.473

He is revealed in the Bible. No theology will ever fully explain God and His ways because God is infinitely and eternally higher than we are. The study of theology, then, is nothing more than digging into God's Word to discover what He has revealed about Himself.

Senior Pastor

The term Senior Pastor refers to the person who primarily leads the church, generally doing the majority of the preaching and teaching in the pulpit at the services and overseeing the administration of the church as well as working with church board of directors.

Black Church

The term black church or African-American church refers to Christian churches that currently or historically have ministered to predominantly black congregations in the United States. While some Black churches belong to predominantly African-American denominations, such as the African Methodist Episcopal Church (AME), many Black churches are members of predominantly white denominations, such as the United Church of Christ (which developed from the Congregational Church of New England).

Major Depression

Major Depressive Disorder (MDD) is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or longer. MDD symptoms include intense feelings of sadness and other symptoms and last every day for two consecutive weeks.

Depression affects one in ten or nearly 15 million adults in the U.S. In 2009, the Gallup-Healthways Well-Being Index showed 17% of respondents as having been diagnosed with depression.

Therapy, Counseling, Psychotherapy

Therapy the treatment intended to relieve or heal a disorder; treatment or examination of someone's mental problems by talking to them over a period of time about their feelings. While therapy might not work as quickly as medication alone, some studies have shown that certain types of counseling may help your medication work quicker and have lasting benefits.

Most people and especially the black community have a very difficult time accepting depression as diagnosis. They feel ashamed and as if it is totally their fault that they feel the way they do. As the education begins, more people will begin to understand that it is a disease, just like heart or diabetes. Without treatment, people may struggle for months or years feeling lower than low and miserable. This feeling not only affects the person that suffers/lives through but it affects others around them, their careers and their God appointed destiny.

In this area of psychotherapy investigation therapist have been called to make deeper inquiries especially in the lives of those who have a religious or spiritual component to their lives. If mental health is going to happen in the black church therapist used outside of that realm must be sensitive to the need to include that spiritual component or their methods of healing do not work. There were nine empirical studies conducted that demonstrated how long time religious individuals were open to a

therapeutic process that integrates their specific religious beliefs.[11] There is a lot of work that goes into making sure that the church is making proper referrals as it relates to putting its members, who already have reservations in front of a competent counselor.

Top Psychological Mental Health Diagnosis

- Schizophrenia
- Bipolar Disorder
- Major Depressive Disorder
- Attention Deficit Disorder (ADD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Personality Disorder
- Substance Abuse Disorder
- Post-Traumatic Stress Disorder (PTSD)

Most black churches could do a lot more to support people who live with mental illnesses. It is a matter of presenting collaborative effort with mental health agencies; use of their resources and engaging other church who have experience with dealing with mental health and have either incorporated counseling centers or ministries within their churches. This becomes particularly acute in the AA communities. For emotional support, AA tend to rely on family, social and religious communities rather than health

11. Everett L. Worthington Jr. and Steven J. Sandage. "Religion and spirituality" *Psychotherapy: Theory, Research, Practice, Training* 38 no. 4 (2001) 473-478. Accessed January 21, 2105.http://dx.doi.org/10.1037/0033-3204.38.4.473

care professionals. That's not to say that the church would not serve as a great resource for many individuals, however serious mental health challenges would be most effective if address by a trained licensed mental health professional.

As black churches explore ways that they can be supportive of people living with mental illnesses, they can draw upon various resources within tradition resources that can be helpful to people living with depression. These historic practices can create a contemporary climate that is welcoming and supportive for faithful people living with depression.

This is an example of a pastor's story who suffered with depression.

"Rev. Leland Jones resigned from his church to fight in Iraq. When he returned home in November 2007, he was injured and using a walker. Ten days later his wife told him that she wanted a divorce. Jones the pastor of Greater New Light Missionary Baptist Church in Atlanta, was in a dark place. Rev Jones stated, "I felt the walls of my soul beginning to close in," Jones told an audience of health care providers, local clergy and residents during a recent forum on mental well-being hosted by the NAMI. A therapist diagnosed Rev. Jones with depression. "Even though I was getting back to an integrated mindset as to how to operate in this world, everything that was important to me was no longer there for me" stated Rev Jones.

Instead, it is the black church that becomes the place for emotional triage. Rev Jones says "too frequently black churches contribute to the access problem. "Biblically we have looked at mental health as being infused with demons," according to Jones. Allen Carter, an AA psychologist who has worked extensively with Atlanta's black community agrees that church is the most powerful instrument in the black community.

They believe that for very minor depression, talking to a pastor could be sufficient but not for major depression. Rev Jones and members of Concerned Black Clergy of Atlanta have teamed up with NAMI to educate AA congregations about the signs and symptoms of mental illness.

In any two-week period more than one in twenty Americans experience depression, according to a survey by the Center for Disease Control and Prevention. Cite. Rates are higher among blacks than whites, and yet a report by the surgeon general found that the percentage of blacks who actually get mental health care is only half that of whites. [12]

Efforts to change attitudes are underway in other black churches as well. Dianne Young, a Memphis pastor at the Healing Center Full Gospel Baptist Church, leads a coalition of ten local congregations that are placing the black church on the front line in addressing mental health concerns.

The black churches are working with the Tennessee Department of MH and Magellan Health Services, and have created "emotional fitness center" to help faith leaders' screen for signs of mental health when parishioners come to them for support. A licensed professional counselor refers struggling members of the black church to mental

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12..Everett L. Worthington Jr. and Steven J. Sandage. "Religion and spirituality" *Psychotherapy: Theory, Research, Practice, Training* 38 no. 4 (2001) 473-478. Accessed January 21, 2105.http://dx.doi.org/10.1037/0033-3204.38.4.473

health care centers when appropriate. In a four month period the program screened 477 people and referred 315 people for profession providers.

The depression Rev Jones experienced has motivated him to speak up . He believes the most important thing to do is simply listen, find out what's going on but at the same praying with them and determine if they trust someone for their next step to recovery.

The first step is to get the church to a greater level of understand that mental illness is not different from any other physical/medical ailment, i.e. hypertension, diabetes, cancer, broken bone, etc. Many laypersons are ignorant because the leadership teaches by example and if one does reach out they are made to feel weak, faithless or demon possessed. It appears that when the church does not understand a particular phenomenon then it is explained as a demonic possession. It is time for leadership, sr. pastors to empower the membership and not hold them to ignorance/bondage.

Research denotes that most black Protestant senior pastors (66%) seldom speak to their congregation about mental illness. One in four American suffers from some kind of mental illness in any given year, according to the NAMI. Many look to their church for spiritual guidance in times of distress. But they are unlikely to find much help on Sunday mornings. [13]

13.Everett L. Worthington Jr. and Steven J. Sandage. "Religion and spirituality" *Psychotherapy: Theory, Research, Practice, Training* 38 no. 4 (2001) 473-478. Accessed January 21, 2105.http://dx.doi.org/10.1037/0033-3204.38.4.473

That includes almost half (49%) who rarely (39%) or never (10%), speak about mental illness. About 1 in 6 pastors (16%) speak about mental illness once a year. About a quarter of pastors (22%) are reluctant to help those who suffer from acute mental illness because it takes too much time. Everett L. [14]

A recent study of faith and mental illness was conducted by a Nashville based, Life Way Research to help churches better assist those affected by mental illness. Cite Researchers looked at three groups for the study.

- Surveyed 1,000 senior protestant pastors about how their churches approach mental illness
- Surveyed 355 protestant Americans diagnosed with an acute mental illness; either moderate or severe depression, bipolar, or schizophrenia; amongst 200 people who attend church
- Polled 207 protestant family members of people with acute mental illness
- Conducted in-depth qualitative interviews with 15 mental health experts on spiritually and faith.

The study concluded a strong desire for pastors and churches to aid those who experience mental illness but results seldom lead to action. The research established that members within the black church that suffer from a mental illness often turn to pastors for guidance. However, the pastors themselves need more guidance and preparation for managing mental health crises. They often do not have processes in place to assist

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14. Everett L. Worthington Jr. and Steven J. Sandage. "Religion and spirituality" *Psychotherapy: Theory, Research, Practice, Training* 38 no. 4 (2001) 473-478. Accessed January 21, 2105.http://dx.doi.org/10.1037/0033-3204.38.4.473

individuals or families affected by mental illness, and miss opportunities to be the authentic church.

A summary of findings includes a number of what researcher call "key disconnects" including:

- Only a quarter of churches (27%) have a plan to assist families affected by mental illness
- Only 21% of family members are aware of a plan in their church
- Few churches (14%) have a counselor skilled in mental illness on staff or train leaders how to recognized mental illness (13%) according to pastors
- Two-thirds of pastors (68%) say their church maintains a list of local mental health resources for church members. But few families (28%) are aware those resources exist
- Family members (65%) and those with mental illness (59%) want their church to talk openly about mental illness, so that the topic will not be taboo. But 66% of pastors speak to their church once a year or less on the subject. [15]

When the black church is not in collaboration with other entities, there is a disconnect or silence which more than likely leaves the people feeling ashamed about having or talking about their mental illness. Those with the disease tend to (1) feel left out (2) feel little concern or care from the church (3) feel mental illness is a sign of spiritual failure.

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15. Everett L. Worthington Jr. and Steven J. Sandage. "Religion and spirituality" *Psychotherapy: Theory, Research, Practice, Training* 38 no. 4 (2001) 473-478. Accessed January 21, 2105.http://dx.doi.org/10.1037/0033-3204.38.4.473

CHAPTER THREE

THEORETICAL FOUNDATIONS

Mental illness and treatment and acknowledgment of its existence become a difficult topic of conversation for the black church. With the vast number of mega churches and educated sr. pastors major efforts should be going forth to address mental health issues. For emotional support, AA communities tend to rely on family, social and religious communities rather than healthcare professionals. In addition, the National Alliance on Mental Illness (NAMI) notes that AA are less likely than their white counterparts to receive accurate diagnoses.[1]This explains one of the reasons for the hesitancy of trusting an outside professional and placing more of their faith in God and prayer.

There are Christians who are amenable to the idea of working through their mental concerns but most would rather sit back and miss the pink elephant in the room. One of four Americans suffer from some kind of mental illness in any given year, according to statistics from NAMI.[2] Many look to their church for spiritual guidance in times of distress and will get a powerfully preached sermon on Sunday morning but it rarely sustains them when they leave that worship experience. This may stem from the

[1] NAMI, the National Alliance on Mental Illness, -https://www.nami.org

[2]NAMI

reality that most people do not talk much about mental health issues such as depression, child molestation, suicidal ideations or attempts and substance abuse to drown the pain. As a result of this silence, many are under the impression that they are in their struggle alone and feel ashamed and embarrassed to speak out. They may experience feelings of rejection and looks upon as a Christian with little faith. It has been said that Christians do not get depressed and they just need to pray a little harder.

It is not uncommon to hear people who do not subscribe to mental illness say that a person is not spiritual enough. Through education and knowledge of the biblical text, Christian begin to understand that even through faith and prayer, mental illness has everything to do with the physical and physiological concerns.[1]

The black church must soon realize that mental health does not go away by simply praying it away. It is time that the church faces the uncomfortable tension that happens when a pastor or professional in the area of mental health or a member of their church starts to talk about their depressed or bipolar state or that alcohol porn addiction. The black church should not walk away from persons who live with mental health issues but towards them with the love of Christ. People should be ministered to as whole human beings who represent the mind (mental), body (physical) and the soul (spiritual).[2]

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[1]Counseling the Hard CasesvTrue Stories Illustrating the Sufficiency of God's Resources in ScriptureLambert, Heath (Editor) , Scott, Stuart (Editor) , MacArthur, John (Foreword by) 2012-06-01, B&H Publishing Group

[2] Donald F. Walker et al. "Religious commitment and expectations about psychotherapy among Christianclients". *Psychology of Religion and Spirituality* 3 no. 2 (May 2011): 98-114 http://dx.doi.org/10.1037/a0021604

As one considers the idea of being one must define what wholeness represents. In the biblical context of health and wellness, wholeness might represent being well in spirit, mind and body. Used as an adjective, the word whole comes from the Greek words of *holos* and *holokleros* meaning all, entire and complete. These two words come from the noun *holokleria* meaning completeness. [3]

As one considers the idea of being one must define what wholeness represents. In the biblical context of health and wellness, wholeness might represent being well in spirit, mind and body. Used as an adjective, the word whole comes from the Greek words of holos and *holokleros* meaning all, entire and complete. These two words come from the *noun holokleria* meaning completeness. [4] Spiritual or compassionate care involves serving the whole person, the physical, emotional, social and spiritual.[5]

OLD TESTAMENT – Genesis 2:7

Genesis 2:7 represents God's original design for humans living in perfect wholeness. The first human became a "living being" (*nefeshhayah,* "a living breath")

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[3] Lucas, C.G. (2011) In Case of spiritual emergency. Findhorn Press Malony, H.N eds (1983) Wholeness and Holiness. Readings in the Psychology/Theology of Mental Health. Baker Book House

[4] Lucas, C.G. (2011) In Case of spiritual emergency. Findhorn Press Malony, H.N eds (1983) Wholeness and Holiness. Readings in the Psychology/Theology of Mental Health. Baker Book House

[5] Puchalski, Christina M. The Role of Spiritulaity in Health Care." Proceedings (Baylor University, Medical Center) 14.4 (2001) 352-357

when God blew into its nostrils and it started to breath.[6] Biblical writers believe human life begins when you start breathing and ends when you stop.[7]This is why the Hebrew word often translated "spirit" *(ruah)* "life force" might be a better translation, literally means "wind or "breath".[8]This spirit rest deep in the core of our beings and how we believe on an issue drives our behavior. It is important to note that because that spirit lives within you it gives you power to overcome all negative forces that make an attempt to penetrate the power of the breathed word. It is vital that we really understand our creation and whose we are so that we begin to live our lives as whole beings.

Genesis 2:7 represents God's original design for humans living in perfect wholeness. The first human became a "living being" (*nefeshhayah*, "a living breath") when God blew into its nostrils and it started to breath.[9] Biblical writers believe human life begins when you start breathing and ends when you stop.[10]This is why the Hebrew word often translated "spirit" *(ruah)* "life force" might be a better translation, literally means "wind or "breath". [11]This spirit rest deep in the core of our beings and how we believe on an issue drives our behavior. It is important to note that because that spirit lives within you it gives you power to overcome all negative forces that make an attempt

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[6] Michael D. Coogan. *The Old Testament; A Historical and literary Introduction to the Hebrew Scriptures.* (New York, NY. Oxford University Press. 2011).

[7] Michael D. Coogan .

[8]Michael J., Gorman, Elements of Biblical Exegesis, Grand Rapids, Michigan: Baker Academic, 2000

[9]Michael J., Gorman.

[10]Michael J., Gorman.

[11] Michael J., Gorman, Elements of Biblical Exegesis, Grand Rapids, Michigan: Baker Academic, 2000

to penetrate the power of the breathed word. It is vital that we really understand our creation and whose we are so that we begin to live our lives as whole beings.

First and foremost as spiritual beings, our spirit must be well because it is the core of our being. When God breathed life into Adam, he became a living being. [12] (Gn 2:7) It is the spirit of man that gives him real life. We live out this life and interact with the physical realm with the five senses of our body. And it is deep in our soul that our emotions and our minds impact our choices and subsequent physical behavior. Our understanding of Scripture compels us to maintain that humans have an immortal soul for these reasons

"Job recognized that man has a spirit (Job 32:8), which Paul shows in I Corinthians 2:11 endows humanity with intellect. This spirit in man comes from God (Zechariah 12:1) and returns to Him when we die (Eccl 12:7; Acts 7:59). It records our experiences, character, and personality, which God stores until the resurrection of the dead. However, the Bible never describes this spirit as immortal or eternal; in fact, I Corinthians 2:6-16 explains that man needs yet another Spirit, God's, to be complete and discern godly things".13

"The Bible flatly asserts that all people die: "It is appointed for men to die once" (Heb 9:27). Ezekiel says clearly that souls die: "The soul who sins shall die" (Ez 18:4, 20; see Rom 6:23). Jesus warns in Matthew 10:28 that God can destroy both soul and body in Gehenna."[13]

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[12]Genesis 2:7, (KJV). Unless otherwise noted, all scripture references in this document are from the (King James Version).

[13] Bible tools. accessed January 21,www.bibletools.org/index.cfm/fuseaction/bible.show/sVerseID/38/.../38

"Only God has immortality. He is, Paul writes to Timothy, ". . . the blessed and only Potentate, the King of kings and Lord of lords, who alone has immortality" (1 Tm 6:15-16). John says of the Word, "In Him was life" (Jn 1:4), meaning as Creator of all things (verse 3), He had life inherent. Jesus affirms this in John 14:6, "I am the way, the truth, and the life." Men must go through Him to receive eternal life. With such overwhelming proof, the doctrine of the immortality of the soul proves false. Man is not immortal, nor does he possess any "spark of God" unless God has given it to him through the Holy Spirit (Rom 8:11). A Christian's hope of life after death rests in the resurrection of the dead (1 Cor 15:12-23). Conversely, the wicked only await eternal death as recompense for their evil lives, not eternal life in torment." [14]

"We are sinful by nature. We inherit a spirit of death and this sinful nature as it is passed down by Adam's original sin." (1Cor 15:22). "Before salvation, our ingrained habits and lifestyle choices gives us certain natural tendencies." Our life experiences contribute to our personalities." "After salvation and we are born again spiritually, our challenge is to allow the Spirit of God transform us into being the kind of person he call us to be. We must consciously choose to have an attitude of submission to God and a dependence on him to become whole, starting with our spirit. Cite. Gn 2:7 is one of the pivotal moments in scriptures; [15] "Firstly because it reports the making of our most remote ancestor, the creature generally known as Adam (means Earthling); but

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14.Bible tools. accessed May 15, 2015www.bibletools.org/index.cfm/fuseaction/bible.show/sVerseID/38/.../38

[15] Phillip W. Ott, John Wesley on Mind and Body: Toward an Understanding of Health as Wholeness.

secondarily because this event was repeated almost identically when God created the Church in Acts." [16]

God's Original Design for Human – Perfect Wholeness

The Bible holds the keys to being whole and living well. We must not only understand God's principles, we must live them to be whole. "Each part of us is intricately interwoven with the other parts in a marvelous way." For we are his workmanship, created in Christ Jesus unto good works, which God hath before ordained that we should walk in them" (Eph 2:10). Just as the body itself is a whole unit made up of many parts (1 Cor12:12), our whole self was created to function as a complete unit.[17]

In Paul's letter of encouragement to the Christians living in Thessalonica, he addresses an aspect of their wholeness when he prays for them: "Now may the God of peach make you holy in every way and may your whole spirit and soul and body be kept blameless until our Lord Jesus Christ come again. God will make this happen, for he who calls you is faithful" (1Thes 5:23-24)[18]

The biblical text makes it clear that in order to be considered whole each part of our being must be in good shape. If we are well in our spiritual person and not in our mental then we are not considered whole beings. It is often time when the believer leaves a worship service filled with the holy spirit but steps before reaching their car to go home a spirit of depression fills their hearts with sadness. Being physically active, eating well,

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[16] Bible tools- accessed May 15, 2015.www.bibletools.org/index.cfm/fuseaction/bible.show/sVerseID/38/.../38

[17]Bible tools-accessed May 15, 2015.

[18]Bible tools. Accessed may 15, 2015.

getting enough sleep and being addiction free are some of the more important things we ought to do to care for our bodies. When we are successful in managing our souls we manage our emotions which leads to positive thinking patterns and healthy choices. Paul reminds us that we are transformed by the renewing of our minds Rom 12:2.[19]Positive thinking patterns have the propensity to radically transform our lives.

Being Transformed and Becoming Whole

Upon our acceptance of Jesus Christ, we receive the Holy Spirit that gives us power to speak over our difficult situations. Our entire mindset about God, ourselves will be transformed and our realities realized. In turn we can radically change many or our emotions and how we allow negative influences to impede our lives and strip us of the abundant life promised by God.

"As we are guided by God's principles as found in the Holy Bible, our resulting choices and behaviors will become more and more in line with how God wants us to live.[20] This begins our journey into holiness and sanctification. So often we make decisions without the wisdom of God and at times God gives us instruction but because of fear and doubt we make wrong choices.

Original Sin- Incomplete Wholeness

[19]Bible tools- accessed May 15, 2015www.bibletools.org/index.cfm/fuseaction/bible.show/sVerseID/38/.../38

[20] Matthew Henry. *A Commentary on the Whole Bible.* (Iowa Falls, Iowa. World Bible Publishers. 1712)

"When Adam and Eve sinned in the Garden of Eden, the perfect design of humans was destroyed." Originally created in the image of God, this image became flawed and has been flawed ever since. "The spirit of a person who has not been saved is dead Rom 5:15-17"

Once born physically, our soul has been subjected to all sorts of negative impact from the sin present in the world." As well, our own sins and sinful behaviors create an environment that adversely impacts on our emotional, mental and physical natures. So often the body of Christ comes to worship on Sunday wearing a mask that makes it appears as if they are "blessed and highly favored" but on the inside they are dying a slow death. In order to live a whole and healthy life the black church must address this issue of mental health.

John Wesley, founder of the Methodist denomination, wrote that man was created as "a well-working system." Wesley would say, "The perfect model or expression of health would be Adam before the fall, a balanced, harmonious, human organism designed for immortality. Since the fall, the wholeness to be realized is wholeness within the limits of mortality."[21]

Spirit, Soul and Body

In the biblical context that was previously discussed, wholeness means being well in spirit, mind and body. However, in Paul's letter of encouragement to the Christians, in 1 Thes, he speaks of their wholeness by praying for them; "Now may the God of peace make you holy in every way and may your whole spirit and soul and body be kept

[21]Phillip W. Ott, *John Wesley on Mind and Body: Toward an Understanding of Health as Wholeness.* Accessed May 13, 2015www.faithandhealthconnection.org.

blameless until our Lord Jesus Christ comes again. God will make this happen for he who calls you faithful" (1Thes 5:23-24)[22]. In the Old Testament, it states that "an evil spirit from the Lord tormented King Saul" (1Sm 16:14) and that David played the role of therapist to the depressed king; "Whenever the spirit from God came upon Saul, David would take his harp and play. The relief would come to Saul; he would feel better, and the evil spirit would leave him" (1Sm 16:23). This is a place in scripture we witness Saul having what one considers in the clinical field as a bipolar episodes and because the spirit of God was remove, God was able to use music the calm Saul's spirit and put him at peace.

There have been a variety of religious approaches to dealing with mental illness, some useful and some not. When a method of using mental illness as a punishment for sin this type is not effective and generally causes the person to feel worse and isolate themselves. "However, Alcoholics Anonymous (AA) has argued for many years that the Bible contains material that is very helpful to those who are in need of healing.[23] AA has a few passages of the biblical text that include: The Sermon on the Mount, 1 Cor 13 and the Book of James.

OLD TESTAMENT 1Sam16: 14

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[22] Gary M. Burge. *The New Testament in Antiquity; A Survey of the New Testament Within Its Cultural Context.* (Grand Rapids, Michigan. Zondervan. 2009)

[23] Anonymous Press, *Alcoholics Anonymous: The Big Book* (The Anonymous Press, 2009)

"God's spirit had left Saul' and 'an evil one had taken its place' (1Sam16: 14). It is widely accepted that Saul, the first king of Israel, had a mental disorder. More than likely it was manic depression (today Bipolar), eventually became mentally unstable and suspected everyone of plotting against him but was soothed when David played on his harp:[24]

"Samuel is sent from Ramah to Bethlehem to anoint David, 1Sm 16:1-13. The Spirit of the Lord departs from Saul and an evil spirit comes upon him, 1Sm 16:14. His servants exhort him to the skillful Harper to pay for him, 1Sm 16:15, 16. He is pleased with the counsel, and desires them to find such a person, 1 Sm 16:17. They recommended David, 1 Sm 16:18. He is sent for, comes, plays for Saul, and finds favor in his sight, 1Sm 16:19-23." [25]

It was noted that when the spirit of the Lord departed from Saul, he was thrown into such a state of mind by the judgments of God, as to be deprived of any regal qualities which he before possessed. God seems to have taken what gifts he had and given them to David; and then the evil spirits came upon Saul; for what God fills not the devil will".[26]

Saul had apparently experienced feelings of major depression. There are situations in our life when our spiritual person is weak because of our mental health and not enough to bring our spirits to the place of wholeness.

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[24] Michael D. Coogan. *The Old Testament; A Historical and literary Introduction to the Hebrew Scriptures.* (New York, NY. Oxford University Press. 2011)

[25]Michael D. Coogan.

[26]Michael D. Coogan.

In the case of Elisha, 2 Kings 3:14, 2 Kings 3:15, it has been said: "Music hath charms to sooth the savage beast. "This has been literally proved: a musician was brought to play on his instrument while they were feeding a savage lion in the tower of Londan; the beast immediately left his food, came towards the grating of his den and began to move in such a way as to show himself affected by the music. The musician ceased, and the lion returned to his food; he recommenced, and the lion left off his prey, and was so affected as to seem by his motions to dance with delight. This way repeatedly tried, and the effects were still the same." [27]

This gives an example of how the spiritual part of our beings and prayer to those hurting mentally is not always the answer. This is not to say that prayer will not change our mental state, it simply demonstrates that God has also put other resources in place to give credence to our prayers.

God calls the body of Christ to recognize when our brothers and sisters are in trouble and provide them with the needed assistance and to not turn our backs and utter slanderous gossip. There is no place where people are more connected and no place where grace is more expected than the church (body of Christ). Mental illness has nothing to do with you or your family's beliefs, but the greater community that holds those beliefs can be key to the lifelong process of dealing with mental illness.

"According to Genesis 1:26, humans are created in the image and likeness of God, to biblical scholars the inference is that Adam and Eve have dominion over the Earth, even as God has dominion. But with the theologians and philosophers, Helminiak takes this teaching to ultimately refer to the root source of human dominion, human

[27] Michael D. Coogan .

consciousness, the capacity to know and chose, the spiritual dimension of the human mind. Then because God is also spirit, the human spirit must be the created reality most similar to God in all of creation. This similarity suggests another source of closeness to God.[28]

Mental Illness in the Biblical text

- But he said to me, "My grace is sufficient for you, for my power is made perfect in weakness." Therefore I will boast all the more gladly of my weaknesses, so that the power of Christ may rest upon me (2 Cor 12:9 ESV).

- When the righteous cry for help, the Lord hears and delivers them out of all their troubles. The Lord is near to the brokenhearted and saves the crushed in spirit. Many are the afflictions of the righteous, but the Lord delivers him out of them all. He keeps all his bones; not one of them is broken (Ps 24:17-20 ESV).

- No temptation has overtaken you that is not common to man. God is faithful, and he will not let you be tempted beyond your ability, but with the temptation he will also provide the way of escape, that you may be able to endure it (1 Cor 10:13 ESV).And when they came to the crowd, a man came up to him and, kneeling before him, said, "Lord, have

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[28] Daniel A. Helminiak. "A scientific spirituality: The interface of psychology and theology." *The international Journal for the Psychology of Religion* 6 no1 (1996): 1-19.

mercy on my son, for he is an epileptic and he suffers terribly. For often he falls into the fire, and often into the water. And I brought him to your disciples, and they could not heal him." And Jesus answered, "O faithless and twisted generation, how long am I to be with you? How long am I to bear with you? Bring him here to me." And Jesus rebuked the demon, and it came out of him, and the boy was healed instantly (Mt 17:14-20 ESV).

- When the unclean spirit has gone out of a person, it passes through waterless places seeking rest, and finding none it says, "I will return to my house from which I came" (Lk 11:24 ESV).
- Be sober-minded; be watchful. Your adversary the devil prowls around like a roaring lion, seeking someone to devour (1 Pt 5:8 ESV). So his fame spread throughout all Syria, and they brought him all the sick, those afflicted with various diseases and pains, those oppressed by demons, epileptics, and paralytics, and he healed them (Mt 4:24 ESV).

Mental illness can take many forms, and it is estimated that 1 in 10 people suffer from depression.[29]People suffering from mental illness are all around us including in the church. We provide a disservice when we avoid those that need us the most. 2Cor 1:2-7 gives us direction on how the church can minister to those who suffer/live with mental illness.[30]

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29. Todd W. Hall. . "Christian Spirituality and Mental Health: A Relational Spirituality Paradigm for Empirical Research." *Journal of Psychology & Christianity* 23.1 (2004).

30. Todd W. Hall.

New Testament- 2 Corinthians 1:2-7

> 2 Corinthians 1:2-7 2 Grace to you and peace from God our Father and the Lord Jesus Christ. 3 Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort, 4 who comforts us in all our affliction, so that we may be able to comfort those who are in any affliction, with the comfort with which we ourselves are comforted by God. 5 For as we share abundantly in Christ's sufferings, so through Christ we share abundantly in comfort too. 6 If we are afflicted, it is for your comfort and salvation; and if we are comforted, it is for your comfort, which you experience when you patiently endure the same sufferings that we suffer. 7 Our hope for you is unshaken, for we know that as you share in our sufferings, you will also share in our comfort. [31]

It has been noted that Paul wrote 2 Corinthians to facilitate continued healing and restoration of relationship within the church.[32] Paul recognized a considerable change in the behavior of the church and all matter of evil was present. Paul made his appearance to the people but because of where they were in their sin his words did not work. The church was filled with pride, narcissism, deviant behavior, etc.[33] Paul, however did not give up on the people and continued his ministry and most repented and the healing began.[34] There are times we become aware of when the believers are hurting and times we do not because some often suffer in silence. But as the church we must make resources available and not present a place of safety to address those suffering/living with a mental illness.

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[31] Gary M. Burge. *The New Testament in Antiquity; A Survey of the New Testament Within Its Cultural Context.* (Grand Rapids, Michigan: Zondervan. 2009)

[32] Ministering to Those with a Mental Illness; How to help those suffering; 4 Session Bible Study Amy Simpson. Accessed May 21, 2105.Christianity today.com.

[33] Ministering to Those with a Mental Illness.

[34]Ministering to Those with a Mental Illness.

Paul's letter to the church gives clear instructions for the body to pray for all afflictions of the people.[35] The illnesses that are obvious and those that are not. More people than we are probably aware of live with mental illness and emotional pain. Perhaps the most common form of this illness might depress but mental illness is realized in many forms.[36]

"Second Corinthians 1:2-3: Paul was no stranger to the Christians in Corinth, the influential capital city of the Roman province of Achaia."[37]He founded the church during his second mission journey (Acts 18:1-17), but his relationship with believers there was tumultuous."[38]2 Cor. is actually the fourth letter we know Paul wrote to Corinth. 1 Cor. 5:9 reflected on an earlier word sent from Paul. "The second letter addressed specific issues within the church. 2 Cor. contained Paul's response to learning the Corinthians repented after receiving his severe letter. Paul addressed the concerns of the people who were displeased in the way her operated in his authority in rebuking the church for its sin.[39]

Mental illness often presents itself with a desire for relief of their desperate situations and malady. It is when the church deals with mental illness without reservation they practice obedience to God and to the Great Commission (Mat 28:19-20). Jesus sends us to go and make disciples and teach them the ways of Christ and welcome them

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[35] Ministering to Those with a Mental Illness; How to help those suffering; 4 Session Bible Study Amy Simpson. Accessed May 21, 20125. Christianity today.com.

Christopher C. H. Cook. "Keynote 4: Spirituality and Health." *Journal for the Study of Spirituality* 2.2 (2012): 150-162.

[37] Christopher C. H. Cook.

[38] Christopher C. H. Cook.

[39]Christopher C. H. Cook.

in the family of Christ with all of their issues and flaws. It is satisfying for someone suffering through a mental illness or having thoughts of suicide to know that God will be with us until the ends of the age.

Paul mentioned comfort ten times in verses 3-7, six times as a noun and four times in verbal form."[40]"God's comfort is comprehensive and exclusive and offers all possible comfort for those that have faith in God's power.

Christian have a Godly responsibility to care for those suffering/living with a mental illness especially the sr. pastor. 2 Cor 1:4-5: The dilemma then and the issues now is the reality that we will be faced with troubles and discomfort. Because the black church today is not addressing this serious issue with mental illness, the numbers are increasing.

One recent study showed that more teenagers are dying by suicide at a greater rate than by traffic accidents. 74. Suicide has risen dramatically for young women, ages 18-30; for youth between 10 and 24, suicide is the third leading cause of death. 106

God is able to comfort those feeling that life is no longer worth living and is able to send additional resources through therapy sessions or medication that will also stabilize our mental health symptoms.

2 Corinthians 1:4-5:

"On April 5, 2013, 27 year old Matthew Warren, son of Rick Warren, pastor of Saddleback Church in California, committed suicide after struggling throughout his young life with mental illness. Almost four months after their son took his life, the

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40. Christopher C. H. Cook. "Keynote 4: Spirituality and Health." *Journal for the Study of Spirituality* 2.2 (2012): 150-162.

Warrens returned to their church. Rick Warren began a new series tackling mental illness called, "How to Get Through What You're Going Through." In his first message, he shared truths that sustained them during this time, including that even though circumstances may not make sense, God still loves us and is with us. Warren stated when we grieve, God grieves with us and wants to take our pain, turn it around, and use it to help others suffering similarly. Warren's message echoes Paul's words in 2 Corinthians. "41

Paul in verse 4 was able to relate to his own experience and affliction. Paul understood as Rev Warren does that our plight in the midst of our afflictions is to be a comfort for others so they do have to be ashamed and suffer in silence. God is constantly at work in our lives and sends us an encouraging word through the preacher on Sunday morning, the choir member that sings your favorite song, the sweet kiss from your three year old who says "I love you", and to the homeless one who gives you hope.

When it comes to believers in the church struggling with mental illness, that means we care for them rather than ostracize; we pray versus neglect and we simply reach out rather than talking about their situation and leaving them stranded with no hope. The wisdom from God runs contrary to the wisdom of this world and according to human logic it simply does not make sense.

Ways to address our problems:

41.Christopher C. H. Cook. "Keynote 4: Spirituality and Health." *Journal for the Study of Spirituality* 2.2 (2012): 150-162.

- James 1:2-4 tells us that struggles and trials can build perseverance and spiritual endurance in our lives.
- Romans 5:3-4 helps us see the character and hope is the outcome these struggles and trials can bring.

2 Corinthians 1:6-7: Paul leaves a Godly example for Pastors today who deny any mental health issues because of the criticism that may receive from their members or co-laborers in the ministry. For most pastor, female and male and perhaps especially females it shows a sign of weakness and an inability to provide effective leadership. Paul demonstrated even in the midst of his affliction and criticism from the church he was able to find comfort in a holy God. As Paul trusted in God, the people were blessed; faith strengthened and healed of illness. [42]

Sr. Pastors who are able to be vulnerable before their members discover that they bring comfort and healing to the body of Christ. It is when the leader is healthy and whole it trickles down the people.

What Paul was confident in was that it was not his sufferings and comfort that they would experience but the suffering and comfort from God. For too long, followers of Jesus have not accepted the challenge of bringing the comfort of Christ to those suffering with mental illnesses and as a result they continue to suffer in silence. The vast majority of believers and congregations are not equipped to deal with mental illness but we can still take action. The church can: (1) commit to sharing the gospel (2) offering

[42] Christopher C. H. Cook. "Keynote 4: Spirituality and Health." *Journal for the Study of Spirituality* 2.2 (2012): 150-162.

others access to the peace and comfort of God. (3) come along side sufferers with our presence (4) get informed on mental illness (5) become more deeply involved through offering resources and information (6) train professionals and layperson to deal better with those in our churches (7) provide financial assistance for people in need for treatment (8) become the heart and hands of the Jesus.[43]

HISTORICAL FOUNDATION

"The history of mental illness in the US is a good representation of the ways in which trends in psychiatry and culture understanding of mental illness influence national policy and attitudes towards mental health."[44] The U.S. is considered to have a relatively progressive mental health care system. [45]

Early History of Mental Illness

"Many cultures have viewed mental illness as a form of religious punishment or demonic possession." [46] In ancient Egyptian, Indian, Greek, and Roman writings, mental illness was categorized as a religious or person problem. In the 5th century BC, Hippocrates was a pioneer in treating mentally ill people with techniques not rooted in religion or superstition; instead he focused on changing a mentally ill patient's

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[43]Christopher C. H. Cook.

[44] NAMI, the National Alliance on Mental Illness, accessed 21 May 2015 -https://www.nami.org

[45] NAMI, the National Alliance on Mental Illness

46.Knapp, M., Beecham, J., McDaid, D., Matosevic, T., Smith, M. (2011). The economic consequences of deinstitutionalization of mental health services: lessons from a systematic review of European experience. *Health and Social Care in the Community,* 19(2): 113-125.

environment or occupation, or administering certain possessed or in need of religion." [47]Negative attitudes towards mental illness persisted into the 18th century in the US, leading the stigmatization of mental illness and unhygienic and often degrading confinement of mentally ill individuals. [48]

The History of Mental Health America

Mental Health America (MHA) is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness.[49]With 240 affiliates nationwide, MHA works to improve the mental health of all Americans, especially the 54 million individuals with mental disorders, through advocacy, education research and service. MHA was established in 1909 by former psychiatric patient Clifford W. Beers. During his stays in public and private institutions, Beers witness and was subjected to horrible abuse. From these experiences, Beers set into motion a reform movement that took shape at MHA.[50]

The history of MHA is the remarkable story of one person who turned a personal struggle with mental illness into a national movement and of the millions of others who came together to fulfill his vision. Around the turn of the twentieth center, Clifford W. Beers, a recent graduate of Yale College and a newly-minted Wall Street financer, suffered his first episode of bipolar disorder following the illness and death of his brother.

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[47] Knapp, M., Beecham, J., McDaid, D., Matosevic, T., Smith, M.

[48]Knapp, M., Beecham, J., McDaid, D., Matosevic, T., Smith, M.

[49] Mental Health America. accessed January 23, 2015.www.mentalhealthamerica.net.

[50] Mental Health America.

In the throes of his illness, Beers attempted to take his own life by jumping out of a third story window. Seriously injured but still alive, Beers ended up in public and private hospitals in Connecticut for the next three years.

While in these institutions, Beers learned firsthand of the deficiencies in care as well as the cruel and inhumane treatment people with mental illness received. He witnessed and experienced horrific abuse at the hand of his caretakers. At the one point during his institutionalization, he was placed in a straightjacket for 21 consecutive nights. Upon his release, Beers was resolved to expose the maltreatment of people with mental illness and to reform care. In 1908 he published his autobiography, A Mind That Found Itself, which roused the nation to the plight of people with mental illnesses and set a reform movement into motion. [51]

On February 19, 1909, Beers, along with philosopher William James and psychiatrist Adolf Meyer, embraced that future by creating the National Committee for Mental al Committee for Mental Hygiene, later the National Mental Health Association and what is known today as Mental Health America (MHA). "The organization set forth the following goal were to (1) improve attitudes toward mental illness and the mentally ill; (2) improve services for people with mental illness; and (3) to work for the prevention of mental illness and the promotion of mental health. The following are selected highlights from Mental Health America's nine decades of service."[52]

[51]Mental Health America.

[52] Mental Health America, accessed January 23, 2015.www.mentalhealthamerica.net

1900s

- MHA facilitated the creation of more than 100 child guidance clinics in the US aimed at prevention, early intervention and treatment. (1910) At the request of the Surgeon General, MHA drafted a mental "hygiene" program which was adopted by the Army and Navy in preparation for the First World War. (1917)
- MHA produced a set of model commitment law the statutes of which were subsequently incorporated into statutes of several states.
- MHA convened the 1st International Congress on Mental Hygiene in DC, bringing together more than 3,000 individuals from 41 countries.
- To symbolize its mission of change, MHA commissioned the casting of the Mental Health Bell from chains and shackles that restrained people with mental illnesses in decades past.
- Congress passed the "Community Mental Health Centers Act" (CMHC) authorizing construction grants for community mental health centers. MHA played a key role in having this legislation enacted and signed by President Kennedy.
- MHA was instrumental in reversing the decision. (1972) Acting on a lawsuit in which MHA participated, a federal judge ordered the release of $52 million in impounded funds voted by Congress for community mental health centers.
- President Carter established the President's Commission on Mental Health, the first comprehensive survey of mental healthcare since the 1950's.
- MHA helped to form the National Alliance for Research on Schizophrenia and Depression (NASRSAD), a foundation formed with the purpose of raising private sector funds to support research on mental illnesses.

- MHA and the Families for the Homeless launched the development of a major nationwide photographic exhibit depicting the human side of "Homeless in America"
- MHA organized the National Action Commission on the Mental Health of Rural Americans to study service and policy issues regarding the delivery of mental health services to citizens living in rural areas whose lives have been impacted by major social and economic change.
- MHA played a leading role in the development of the American with Disabilities Act, which protects mentally and physically disable Americans from discrimination.
- MHA was instrumental in President Clinton's decision to end discrimination in mental health coverage for 9 million federal workers and families by enacting mental health insurance parity for federal workers. (1998).
- MHA released a nationwide study to reveal the top reasons individuals refused to seek help for anxiety disorders, the most common mental illnesses that revealed the top reasons individuals refused to seek help for anxiety disorders, the most common mental illnesses, which included shame, fear, and embarrassment. (1998)

2000's

- MHA released the first ever survey of children that reported that 78 percent of teens who were gay or thought to be gay were teased or bullied in their schools and communities. (2002)

- MHA released the results of a survey on national awareness of bipolar disorder, which showed that two-thirds of Americans hold limited, if any knowledge of this common illness. (2003)
- MHA advocacy resulted in a landmark Supreme Court ruling declaring the death penalty for juvenile offenders unconstitutional, thereby removing 73 individuals from death row. (2005)
- MHA, along with a coalition of mental health agencies and advocates, succeeded in getting the Mental Health Parity Act signed into law. (2008)[53]

"Treatment of emotional or psychological problems can be traced to antiquity." "The ancient Greeks were the first to identify mental illness as a medical condition, rather than a sign of malevolent deities."[54] While their understanding of nature of the mental illness was not always correct (e.g. they believed that hysteria affected only women, due to a wandering uterus), and their treatment rather unusual (e.g. bathing for depression, blood-letting for psychosis), they did not recognize the treatment value of encouraging and consoling words.[55]

With the fall of the Roman Empire, the Middle Ages saw the return of a belief in the supernatural as a cause for mental illness and the use of torture to gain confessions of

[53]Mental Health America Mental Health America. Accessed January 23, 2015.www.mentalhealthamerica.net

[54] History of Psychotherapy, Jim Haggerty, MD, last reviewed by John M. Grohol, 2013, Originally published on PsychCentral.com, 2006.

[55] History of Psychotherapy, Jim Haggerty, MD.

demonic possession.[5657]However, some physicians began to support the use of psychotherapy. Paracelsus (1493-1541 advocated psychotherapy for treatment of the insane.[58]

While there were scattered reference to the value of talking in the treatment of emotional problems, the English psychiatrist Walter Cooer Dendy first introduced the term "psycho-therapeia" in 1853. Sigmund Freud developed psychoanalysis around the turn of the century, and mad profound contributions to the field with his descriptions of the unconscious, infantile sexuality, the use of dreams, and his model of the human mind.[59]

Freud's wok with neurotic patients led him to believe that mental illness was the result of keeping thoughts or memories in the unconscious. Treatment, primarily listening to the patient and providing interpretations, would bring these memories to the forefront and thus decrease symptoms. For the next fifty years, Freud's methods or psychoanalysis and various versions of it were the main psychotherapy used in clinical practice.[60]

"The interpersonal therapy developed by Carl Rogers during the 1940's focused on the transmission of warmth, genuineness and acceptance from the therapist to the

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[56] The Battle for our Minds- the supernatural and mental Illness, Nucleus, Christian Medical Fellowship winter 1992, pp 4-13.

[57] Brittany A. Smith. Accessed January 21,2015.http://EzineArticles.com/expert/Brittany_A._Smith/416727

[58] Adler, Robert E. "Paracelsus: Renaissance Rebel" *Medical Firsts: From Hippocrates to the Human Genome*. Hoboken, NJ. John Wiley & Sons, 2004. pp. 46-52.

[59] Brittany A. Smith .accessed April 23, 2015http://EzineArticles.com/expert/Brittany_A._Smith/416727.

[60] History of Psychotherapy, Jim Haggerty, MD, last reviewed by John M. Grohol, 2013, Originally published on PsychCentral.com, 2006

individual." By the late 1960's there were over 60 different types of psychotherapies, ranging from psychodrama (using drama techniques) to guided imagery (using mental pictures and stories).[61]

History of Therapy

In classic Greece, milieu therapy was first documented. The French word milieu means "place". In milieu therapy, sufferers were taken out of their every-day environment and placed in a simpler, more restful environment. When they recovered, they could return to their previous environment. [62]

In the early Middle Ages, treatment of the abnormal was largely left to the clergy. Again, this was a variant of milieu therapy, in that monasteries and abbeys tended to be self-sufficient and in out-of-the-way places. Treatment was fairly humane by modern standards. However, as the Middle Ages wore on, a new form of demonic possession theory, now in a Christian guise, took hold. As the Middle Ages drew to a close, reaction to demonic possession theory grew. Led by figures such as Paracelcus and St. Vincent de Paul, the Inquisition was withdrawn, and asylums began to be established. [63]

"The first asylum in North American predated the founding of the U.S."[64] It was established in 1773 in Williamsburg, VA. Treatment was better than under the inquisition, but it still was not humane. Patients rarely left the asylum after being

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[61]History of Psychotherapy, Jim Haggerty, MD

[62] Jane Q Beltran, Abnormal Psychology, Phillipine, 2008, Published, Rex Book Store Inc.

[63] Jane Q Beltran, Abnormal Psychology .

[64] G. P. Weiten, accessed May 21, 2015,http://peace.saumag.edu/faculty/kardas/courses/GPWeiten/C15Therapy/HistTher.html.

committed, and treatment consisted of such things as immersion in cold water, stomping on patients (by doctors), and restraints. In fact, the word "Bedlam," meaning craziness or uncontrollable behavior, derives from the contraction of the words "Bethlehem Hospital," an asylum outside of London. In the 1700's people would visit that asylum on Sundays as a treat."[65]

In the late 1700's, in France, Pinel, who was in charge of an asylum decided to make conditions better. He removed patients' chains, improved conditions, and he found that patients actually began to improve. The revolution ended his career, and as a member of the old regime he was condemned to the guillotine. As he approached the device to be executed, he was recognized by one of the executioners, a former patient who had been one who had benefitted from Pinel's new policies. He argued that Pinel should not be executed, and he was not.

Mental Health Hospitals and Deinstitutionalization

"In the 1840's, activist Dorothea Dix lobbied for better living conditions for the mentally ill after witnessing the dangerous and unhealthy conditions in which many patients lived." Over a forty-year period, Dix successfully persuaded the U.S. government to fund the building of thirty-two state psychiatric hospitals." This institutional inpatient care model, in which many patients lived in hospitals and were treated by professional staff, was considered the most effective way to care for the mentally ill." Institutionalization was welcomed by families and communities struggling

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[65] G. P. Weiten, accessed May 21, 2015,http://peace.saumag.edu/faculty/kardas/courses/GPWeiten/C15Therapy/HistTher.html.

of care for mentally ill relatives.[66] Although institutionalized care increased patient access to mental health services, the state hospitals were often underfunded and understaffed, and the institutional care system drew harsh criticism following a number of high-profile reports of poor living conditions and human right violations. By the mid-1950's, a push for deinstitutionalization and outpatient treatment began in many countries, facilitated by the development of a variety of antipsychotic drugs. Deinstitutionalization effects have reflected a largely international movement to reform the "asylum-based" mental health care system and move toward community-oriented care, based on the belief that psychiatric patients would have a higher quality of life if treated in their communities rather than in "large, undifferentiated, and isolated mental hospitals".[67]

Although large inpatient psychiatric hospitals are a fixture in certain countries, particularly in central and Eastern Europe, the deinstitutionalization movement has been widespread, dramatically changing the nature of modern psychiatric care.[68]

The closure of state psychiatric hospitals in the US were codified by the Community Mental Health Centers Act of 1963, and strict standards were passed so that only individuals "who posed an imminent danger to themselves or someone else" could be committed to state psychiatric hospitals. [69]

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[66]G. P. Weiten, accessed May 21, 2015.http://peace.saumag.edu/faculty/kardas/courses/GPWeiten/C15Therapy/HistTher.html

[67]Knapp, M., Beecham, J., McDaid, D., Matosevic, T., Smith, M. (2011). The economic consequences of deinstitutionalisation of mental health services: lessons from a systematic review of European experience. *Health and Social Care in the Community,* 19(2): 113-125.

[68] Martinez-Leal, R., Salvador-Carulla, L., Linehan, C., Walsh, P., Weber, G., Van Hove, G., Maatta, T., Azema, B., Haveman, M., Buono, S., Germanavicius, A., van SchrojensteinLAntman-de Valk, H., Tossebro, J., Carmen-Cara, A., Berger, D. M., Perry, J., Kerr, M. (2011). The impact of living arrangements and deinstitutionalisation in the health status of persons with intellectual disability in Europe.*J Intellect Disabil Res,* 55(9): 858-872.

By the mid 1960's the US, many severely mentally ill people had moved from psychiatric institutions to local mental health homes or similar facilities. The number of institutionalized mentally ill patients fell from its peak 560,000 in 1950's to 130,000 by 1980.[70] By 2000, the number of state psychiatric hospital beds per 100,000 people were twenty-two, down from 339 in 1955.[71]

In place of institutionalized care, community-based mental health care was developed to include a range of treatment facilities, from community mental health centers and smaller supervised residential homes to community-based psychiatric teams.[72]

Though the goal of deinstitutionalization, improving treatment and quality of life for the mentally ill is not controversial, the reality of deinstitutionalization has made it a highly polarizing issue. While many studies have reported positive outcomes from community-based mental health care programs, (including improvements in adaptive behaviors, friendships, and patient satisfaction) other studies have found that individuals living in family homes or in independent community living settings have significant

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[69]Knapp, M., Beecham, J., McDaid, D., Matosevic, T., Smith, M. (2011). The economic consequences of deinstitutionalisation of mental health services: lessons from a systematic review of European experience. *Health and Social Care in the Community,* 19(2): 113-125.

[70]Martinez-Leal, R., Salvador-Carulla, L., Linehan, C., Walsh, P., Weber, G., Van Hove, G., Maatta, T., Azema, B., Haveman, M., Buono, S., Germanavicius, A., van SchrojensteinLAntman-de Valk, H., Tossebro, J., Carmen-Cara, A., Berger, D. M., Perry, J., Kerr, M. (2011). The impact of living arrangements and deinstitutionalisation in the health status of persons with intellectual disability in Europe.*J Intellect Disabil Res*, 55(9): 858-872.

[71]Lamb, H.R.L., Weinberger, L.E. (2005). The shift of psychiatric inpatient care from hospitals to jails and prisons.*J Am Acad Psychiatry Law*, 33: 529-34

[72]Lamb, H.R.L., Weinberger, L.E. (2005). The shift of psychiatric inpatient care from hospitals to jails and prisons.*J Am Acad Psychiatry Law*, 33: 529-34

deficits in important aspect of health care, including vaccinations, cancer screening, and routine medical checks[73].

Other studies report that "loneliness, poverty, bad living conditions, and poor physical health" are prevalent among mentally ill patients living in their communities.[74] However, some studies argue that the community-based programs that have proper management and sufficient funding may deliver better patient outcomes than institutionalized care, and are "not inherently more costly than institutions."[75]

Critics of the deinstitutionalization movement point out that many patients have been moved from inpatient psychiatric hospitals to nursing or residential home, which are not always staff or equipped to meet the needs of the mentally ill. In many cases, deinstitutionalization has shifted the burden of care to the families of mentally ill individuals, though they often lack the financial resources and medical knowledge to provide proper care.[76]Others argue that deinstitutionalization has simply become "trans institutionalization, "a phenomenon in which state psychiatric hospitals and criminal justice systems are "functionally interdependent." According to this theory, deinstitutionalization, combined with inadequate and under-funded community-based mental health care programs, has forced the criminal justice system to provide the highly

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[73]Phillip W. Ott, John Wesley on Mind and Body: Toward an Understanding of Health as Wholeness

[74]Novella, E.J. (2010). Mental health care and the politics of inclusion: a social systems account of psychiatric deinstitutionalization. *Theor Med Bioeth*, 31: 411-427.

[75]Knapp, M., Beecham, J., McDaid, D., Matosevic, T., Smith, M. (2011). The economic consequences of deinstitutionalisation of mental health services: lessons from a systematic review of European experience. *Health and Social Care in the Community,* 19(2): 113-125

[76]Novella, E.J. (2010). Mental health care and the politics of inclusion: a social systems account of psychiatric deinstitutionalization. *Theor Med Bioeth*, 31: 411-427

structured and supervised environment required by a minority of the severely mentally ill population. [77]

Opponents of the trans institutionalization theory contends that it applies to a small fraction of mentally ill patients, and that the majority of patients would benefit from improved access to quality community-based treatment programs, rather than from an increase in the number of inpatient state psychiatric beds. These opponents claim that the reduced availability of state hospital beds is not the cause of the high rates of incarceration among the mentally ill, arguing that deinstitutionalized patients and incarcerated individuals with serious mental illnesses are "clinically and demographically distinct populations". Instead, they suggest that other factors such as "the high arrest rate for drug offenses, lack of affordable housing, and underfunded community treatment" are responsible for the high rates of incarceration among the mentally ill. [78]

Though the deinstitutionalization debate continues, many health professionals, families, and advocates for the mentally ill have called for a combination of more high-quality community treatment programs (like intensive case management) and increased availability of intermediate and long-term psychiatric inpatient care for patients in need of a more structured care environment. [79]

Many experts hope that by improving community-based programs and expanding inpatient care to fulfill the needs of severely mental ill patients, the US will achieve

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[77]Prins, S.J. (2011). Does Transinstitutionalization Explain the Overrepresentation of People with Serious Mental Illnesses in the Criminal Justice System? *Community Ment Health J,* 47: 716-722.

[78]Prins, S.J. (2011). Does Transinstitutionalization Explain the Overrepresentation of People with Serious Mental Illnesses in the Criminal Justice System? *Community Ment Health J,* 47: 716-722.

[79] Sontag, D. 17 June 2011. "A schizophrenic, a slain worker, troubling questions". *The New York Times.*

improved treatment outcomes, increased access to mental health care, and better quality of life for the mentally ill.

The Biblical Counseling Movement

Beginning in the late 1960's, a biblical counseling movement sought to reclaim counseling for the church and provide a Christian alternative to mainstream psychiatry and psychotherapy. [80] Biblical counseling is often understood broadly as personal pastoral ministry, and is not a new phenomenon according to the Puritans' diligent application of scripture to the challenges of Christian living. [81]

In 1970, Jay Adams inaugurated the modern movement with his groundbreaking work, "Competent to Counsel.[82] Adams understood all counseling to be inherently theological requiring explicit or assumed beliefs about the goals and purposes of life and how one ought to live specifically addressing attitudes, values, and relationships. Adams rightly recognized these as fundamentally theological questions that psychology could only properly address within a theological framework.[83] But, given that by the 1970's, the humanistic assumptions of secular psychology had thoroughly infiltrated pastoral counseling. Adams understood his mission as both destructive and constructive. Secular psychological assumptions had to be directly refuted and pastoral care established on a biblical basis.[84]

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[80] David Powlison, *The Biblical Counseling Movement: History and Context.* (Greensboro: New Growth Press, 2010)

[81]David Powlison.

[82] Jay E. Adams. Competent to Counsel: Introduction to Nouthetic Counseling(Zondervan Press:2009)

[83] Jay E. Adams

[84] Jay E. Adams

Initially, Adams denied the reality of inorganic mental illness and replaces it with the biblical doctrine of sin. Second, he declared psychiatrist to be illegitimate counselors and instead call pastors to take up their responsibility as God's ordained counseling professionals. Third, he argued all of this on the basis of the Bible as God's authoritative word. As Adams unfolded the implications of these, an approach to counseling emerged in which sin is the fundamental problem counselor's address as they assist others to put off sinful behaviors and replace them with the fruits of Christ's redemption," [85]

David Powlison is affiliated with the Christian Counseling and Education Foundation (CCEF) as the "second generation" leader exerting the most influence in biblical counseling after Adams. Powlison, as editor of the Journal of Biblical Counseling, along with Paul Tripp, Ed Welch and others have provided theological reflections that has led to critical developments in biblical counseling. [86] For those who have been critical of biblical counseling as described by Adams, two developments will likely stand out. First, second generation counselors have been concerned to understand counselees not only as sinners, but sufferers.[87] While Lambert points out that Adman does acknowledge suffering

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[85] Jay E. Adams, Competent to Counsel: Introduction to Nouthetic Counseling, Zondervan, 2009.

[86] David Powlison, "Cure of Souls (and the Modern Psychotherapies)," accessed March 25, 2015,www.ccef.org/cure-souls-and-modern-psychotherapies. 2010

at points and that all problems are not those of personal sin, he explains that Adams does little to develop that understanding of suffering as something to which all are subject, of which there are diverse causes, and which counselors must speak to with compassion.

Second, Adams tended to emphasize the authoritative role of the pastor as counselor advocating a "take charge" and business-like approach, even suggesting that pastors counsel at a desk. Second generation biblical counselors have emphasized the qualities of family, affection and being person-oriented. Powlison believed real understanding, accurate, concerned, merciful, probing, gentle, communicated matters a great deal in counseling. [88] The emphasis for the second generation counselors is not so much identifying and confronting sin, but the relational activity of humble, gracious, engagement in which the love of Christ is both self-conscious method and context of addressing problems. [89]

Theological Foundations

John Wesley was an Anglican minister and theologian who, with his brother Charles Wesley and fellow cleric George Whitefield, is credited with the foundation of the evangelical movement known as Methodism. [90] Wesley once said, "The longer I live, the larger allowances I make for human infirmities." The writings of John Wesley demonstrate both a therapeutic and holistic understanding of ministry. He was concerned for the health

88. Heath Lambert, David Powlison, The Biblical Counseling Movement after Adams,(Crossway Books, 2011).

[89] Heath Lambert, David Powlison,

[90]John Wesley: A Biography – July, 2003, by Stephen Tomkins (Author), Eerdmans Pub Co.

of people's bodies and minds as he was for their souls. Furthermore, "more than any other major figure in Christendom, John Wesley involved himself with the theory and practice of medicine and with the specific principles and practices of ideal physical and mental health [91] God is calling us all to follow his example of ministry in showing radical hospitality to persons with a mental illness and their families.

Martin Luther was a German friar, priest, professor of theology, and a seminal figure in The Protestant Reformation. Initially an Augustinian friar, Luther came to reject several teachings and practices of the Roman Catholic Church. [92] Like Wesley, Martin Luther neither condemned persons with a mental illness, like his own clinical depression, as being guilty of some sin nor possessed with some demon that caused their physical brain disorder. [93] Luther did recognize that brain disorders make Christian discipleship even more challenging. He emphasized a real gospel for real people. Otherwise, he was concerned that some persons with a mental illness might think they were not Christians. Both his compassion for Christians with mental illnesses and his keen observation of them were way ahead of his time. Likewise, God is calling the UMC to a compassionate proclamation of the Gospel to persons with a mental illness so if they are already persons of faith, they might not doubt their salvation and if they are not; they might not doubt their savability by the grace of God. [94]

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[91]The Works of the Reverend John Wesley, A.M., Fifth Edition 15 vols. (London 1861), published by Abingdon Press and Oxford University Press

[92]Martin Luther: A Guided Tour of His Life and Thought, Book by Stephen Nichols P & R Publishing Company

[93]Martin Luther: A Guided Tour of His Life and Thought, Book by Stephen Nichols P& R Publishing Company

It is believed that faithful Christians are called to be in ministry to individuals and their families challenged by mental issues causing disturbances of thinking, feeling and acting labeled as "mental illness." Throughout history and today, ministries have been hampered by lack of knowledge, fear, and misunderstanding which has created this negative stigma towards mental health. Even so, this is even more of a reason for those so challenged; their families and their communities are to be embraced by the church in its ministry of compassion and love.

Our model is Jesus, who calls us to an ethic of love toward all. As Jesus proclaimed the reign of God, his words and proclamations were accompanied by "healing every disease and every sickness" (MT 9:35). Jesus had compassion and healed those besieged by mental illness, many of whom had been despised, rejected, persecuted and feared by their community.

Charles Spurgeon was born June 19, 1834 and died January 31, 1892. He was one of the first megachurch pastors ever and was British, Victorian, and Baptist. He was uniquely gifted and accomplished. He was renowned for his quick wit and sense of humor. Yet, he also suffered with poor health and recurring depression. As a result, Spurgeon knew what it was like to suffer. He could say, "I have endured tribulation from many flails. Sharp bodily pain succeeded mental depression, and this was accompanied both by bereavement, and affliction in the person of one dear as life.

In October of 1856, Spurgeon preached at Surrey Hall to a crowd of thousands when a prankster yelled, "Fire!" In the ensuing panic, seven died and twenty-eighth were

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Martin Luther: A Guided Tour of His Life and Thought, Book by Stephen Nichols P& R Publishing Company

left seriously injured. Spurgeon, only twenty- two years old, was ten months into his new marriage, and one month into parenting twin boys in a new house full of unpacked boxes. "The senseless tragedy and the public accusation nearly broke Charles' mind", not only in those early moments but also with lasting effect." [95]

The fact that such a prominent Christian pastor struggled with depression and talked so openly about it invites us to friendship with a fellow sufferer." [96] Spurgeon's experience with depression as a prominent pastor demonstrates that even in the midst of his illness he continues to preach the gospel of Jesus and educate the people that one never walks alone even in the midst of feelings of loneliness. He likened his experience to the "broken hearted one, Jesus Christ knows all our troubles, for similar troubles were his portion too".[97] Spurgeon understands and was able to demonstrate to those who listened that although others do not understand your depression, a compassionate God understands and God's grace is sufficient and God's power is made perfect in weakness' (2 Cor 12:9).

Spurgeon helps us understand that depression is "neither a sign of laziness nor sin", "neither negative thinking nor a weakness, "no saint or hero is immune." "Having never experience depression ourselves, we should be slow to judge." "We should feel more for the prisoner if we knew more about the prison". [98]

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95. Zack Eswine , Spurgeon's Sorrows: Realistic Hope for those who Suffer from Depression; December 20, 2014, Christian Focus

[96] Zack Eswine.

[97]Zack Eswine.

98 Zack Eswine , Spurgeon's Sorrows: Realistic Hope for those who Suffer from Depression; December 20, 2014, Christian Focus

Spurgeon also helped Christians understand that they can continue to struggle with depression. He is quoted "We do not profess that the religion of Christ will so thoroughly change a man as to take away from all his natural tendencies. " Because of this, depression of spirit is no index of decline grace." Depression is a misfortune not a fault, and therefore it does not merit our condemnation." [99]

Spurgeon helps us understand how dark things can get. He quotes, "I wonder every day that there are not more suicides, considering the troubles of this life." Spurgeon reasons with those who felt suicidal, believing that while suicide is not the unpardonable sin, the temptation should be resisted.[100] Believers today believe and are taught that suicide is the unpardonable sin and one does not get into heaven.

Pastors should be careful how they comfort the complexities of life and preach with understanding and compassion to those who are hurting and dealing with a mental health issue. It sometimes appears that those living with a mental health issues are confined to the bench and unable to participate in the game. Spurgeon's complex example should serve as great encouragement. Spurgeon was able to educate others through his lived experience of depression and developed effective coping mechanism.[101]

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[99] Zack Eswine.

[100] Zack Eswine.

[101] Zack Eswine. .

Data from the National Survey of Black Americans surveys the function of AA ministers in the help seeking of AA for serious mental health issues. [102]The study investigates the probability of members approaching their clergy on personal matters versus and outside professional resources. The results indicated that women are more likely than men to prefer and receive help from clergy; those with financial problems are less likely to contact clergy, while those with death or bereavement problems are more likely to seek help from their sr. pastor or other ministers.[103] It seems work one way or the other; if they seek help from their minister they will not seek help from the professional source. This particular study along with my study, "recommends that the black clergy and mental health professions engage in mutual exchange of information to increase access to professional care among AA with serious personal problems."[104]

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[102] H. Neighbors et al. "The African American minister as a source of help for serious personal crises: bridge or barrier to mental health care". *Health Educ. Behav.* 25 (1998) 759–777

[103] Zack Eswine.

[104]Zack Eswine.

CHAPTER FOUR

METHODOLOGY

As a Licensed Associate Professional Counselor & an Ordain Minister working as Behavioral Health Specialist specializing in the area of mental health. A study was conducted using qualitative and quantitative research techniques (.i.e. interviews, depression focus group, and surveys) to determine the effects of mental health education and treatment in the Black church. As a doctoral student my focus is on mental health in the Black Church progressing towards wholeness from a psychological and theological perspective. The researcher interviewed adult participants with Christian and biblical principles to determine stigmas related to mental health.

This research was based upon, interviews, stories, focus group (depression) and surveys to develop quantitative and qualitative data. This research examined the detrimental effects caused by the avoidance of mental health care. It investigated current theories related to stigma and examined critical statistics and conclusions were drawn. The project considers the most important component in encouraging black churches to be amenable to seeking and engaging in outside professional mental health care as well as the church providing such care is the senior pastor.

A grounded theory approach was used to conduct the research. The researcher used Charmaz's perspective of grounded theory whereas the researcher will attempt to

understand the experiences of the phenomenon when it comes to mental health care.[1] Grounded theory is a research method that will enable you to develop a theory, which offers an explanation about the main concern of the population of your substantive area and how that concern is resolved or processed.[2]

The grounded theory approach is the most influential paradigm for qualitative research. [3] It describes the process of grounded theory of looking systematically at a phenomenon through qualitative data (i.e. interviews, observations or surveys) with a goal of generating theory.[4] Corbin & Straus focus on the phases and processes for linking of the induction and deduction process through constant comparison.[5] According to Strauss & Corbin, grounded theory offers a greater perspective of the phenomenon, a deeper understanding of the phenomenon, and can be instrumental in the extension of further research by drawing from the data collected. [6] The approach to this grounded theory research will be based on the systematic approach.

The main data collection methods for the grounded theory methodology are interviews, observations, documents, field notes, surveys, and audio-visual materials and

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K. Charmaz, *Constructing grounded theory: A practical guide through qualitative analysis,* (Thousand Oaks, CA: Sage Publications, 2006)

K. Charmaz, *Constructing grounded theory: A practical guide through qualitative analysis,* (Thousand Oaks, CA: Sage Publications, 2006)

A. Strauss and J. Corbin, *Basics of qualitative research: Techniques and procedures for developing grounded theory* (Thousand Oaks, CA: Sage Publications 1998)*

[4] A. Strauss and J. Corbin.

[5] A. Strauss and J. Corbin.

[6] A. Strauss and J. Corbin.

other forms of data may also be collected. [7] The process of gathering information for research is described by Strauss & Corbin, as a constant going back and forth to the field to gather information for research[8] Charmaz suggest that open ended questions afford the flexibility needed to engage in additional questioning to gain deep insight. [9] In observation of the methodological stages, the first stage focuses on the substantive area of interest, which includes mental health. The perspective of this study is about a framework for supporting mental health in the black church and its effects on wholeness of a human life. The next stage pertaining to the substantive area is data collection. These data types include but are not restricted to collecting observations of the substantive area itself and activities occurring within the substantive area; accessing public or private record irrespective of form: conversing with individuals or a group of individuals, face-to-face or remotely synchronously. [10] The first process is open coding, which is breaking down the data into separate units of meaning. The process of developing categories is called the constant comparative procedure.[11] This method is a fundamental feature of grounded theory. Constant comparison explores differences and a similarity across incidents within the data collected, and provides guidelines for collecting additional data.[12]

A. Strauss and J. Corbin, *Basics of qualitative research: Grounded theory procedures and techniques* (Thousand Oaks, CA Sage Publications 1990)*

K. Charmaz, *Constructing grounded theory: A practical guide through qualitative analysis,* (Thousand Oaks, CA: Sage Publications, 2006)

[9] K. Charmaz,

[10] K. Charmaz.

11.J. W. Creswell, *Qualitative inquiry and research design: Choosing among five traditions.* (Thousand Oaks, CA: Sage Publications 2013)

[12] J. W. Creswell

Open coding and data collection is integrated activities thus the data collection stage and open coding stage occur simultaneously and continue until the core category is recognized or selected. [13] The remaining steps, write memos throughout the entire process, conduct selective coding and theoretical sampling, sort your memos and find the theoretical codes, read the literature and integrate with your theory through selective coding and write up your theory.[14] The purpose of this grounded theory is used in discovering what problems exist and how to handle them.

The use of qualitative interviews with individuals receiving or considering mental health services has increased in the U. S. over the last decade due to call for system change that emphasizes individuals' perception of their own progress.[15] Methodological considerations for conducting interviews with individuals receiving mental health services, however within the black church are rarely captured.

According to Creswell, "qualitative research employs the concept of purposeful sampling."[16] In other words, the researcher carefully selects individual and places for study so that they can purposefully develop an understanding of the research problem.[17] M. Q. Patton suggest, "That purposeful sampling selects information-rich case

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[13] J. W. Creswell.

[14] J. W. Creswell.

[15] J. W. Creswell

[16] J. W. Creswell

17. M. Q. Patton, *Qualitative Research and Evaluation Methods* (Thousand Oaks, CA: Sage Productions, 2002), 243.

strategically and purposefully, specific types and number cases selected depends on the study purpose and resources."[18]

[18] M. Q. Patton.

CHAPTER FIVE

FIELD EXPERIENCE

Problem Statement

Individuals worship in the church environment Sunday after Sunday, and struggle in silence with serious mental and emotional health issues that are very rarely addressed. The congregation would benefit from both spiritual as well as mental health awareness in order to meet the holistic needs of its members.

Many individuals sit in a church Sunday after Sunday, and struggle with serious mental health issues that are rarely addressed. This is the reason for the immediate need to educate the leadership, primarily the sr. pastor in the black church on the topic of mental health and later explore the implementation of counseling centers and ministries within the confines of the black church as my doctoral project.

Observational studies have shown how the black church is more reactive than proactive. Black churches are quick to execute reasons for major campaigns in the dilemma of a major mental health incident versus opening their eyes and ears to the malady that present themselves in our churches Sunday after Sunday.[1] This research

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[1] M. B. Blank et al. "Alternative mental health services: The role of the black church in the South". *Journal of Public Health*, 92 (2002) 1668-1672

project addresses the urgent need for the church to take its place in the black community and support this framework for supporting mental health in the black church.

Hypothesis

If spiritual growth and nurture is combined with mental health treatment in the black church, members and community can experience a greater quality of life.

Project Purpose

The purpose of this project is to educate the black church on the effects of the avoidance of mental health in the black church. The idea is to engage the senior pastors/leaders of the church to provide education on mental illness eradicate the stigma associated with mental illness and black church and implement a framework for supporting mental health in the black church.

Project Participants

The researcher conducted surveys with a mega AME church regarding their personal experience with understanding mental health. Respondents were asked to anonymously complete a forty-nine question survey. The survey consisted of protest and posttest questions that would identify their therapeutic experiences. The researcher constructed a Depression Support Group comprised of fifteen participants; thirteen women and two men. Individuals were given the opportunity to share their life experiences and discuss feelings and emotions and what lead them to their places of depression. The researcher identified a random sampling of ten individuals and conducted interviews based on a ten

questionnaire. The central theme conducted from the ten interviews demonstrated a vital need to address mental health in our Black churches.

When looking for a site in which to complete my project, I considered several churches that supported mental health as well as those that did not. The church chosen to observe and conduct the research project was Turner Chapel African Methodist Church, (AME), in Marietta Georgia. I discovered that the environment and leadership at this Black church was particularly yielded to the principals involved in supporting mental health.

Implementation

The Collection of Data

The researcher collected data 1) pre-posttest surveys from members of Turner Chapel AME Church who have an awareness of the effects of mental health treatment. The sampling consisted of participants from the ages of 27-74 combined with members who have participated in therapy and those who have not: 86.96% female, 13.04% male; 2) Responses from a fifteen member focus group on dealing with depression; 3) Random interviews with members of the black church who have never participated in any type of mental health treatment. There were ten adult participants who participated in a single semi-structured interview. Interviews were conducted in a quiet room, over the phone and video media, ranging from twenty to forty minutes in length. The following are examples of the interview questions: What is considered a mental illness? What does it mean to have a mental illness in the black church? Can mental illness be prevented? Once someone has been diagnosed with a mental illness can they ever get better? Do you

believe Christians suffer from mental illness, i.e., depression, schizophrenia, anxiety or mood disorders? Do you believe that Substance abuse is a mental disorder? Does your spiritual relationship with God cure your mental health needs, and how, can you just pray it away? What are barriers that have prevented you from engaging in mental health? 4) Stories of Pastors and members in mental health dilemmas.

The first goal in addressing mental health in the black church starts with an educational approach geared towards senior pastors. This qualitative study, which will be reference "Mental Health in the Black Church" throughout the project, will investigate the knowledge and willing participation to engage in therapy for richer and healthier quality of life outcomes. The collection of data for this field experience focuses on stories gathered on the experiences of pastors and members of churches who can benefit from addressing their mental health issues and seeking the appropriate assistance need to accept their wholeness.

Stories of Senior Pastors and members with Mental Health Dilemmas

On November 2007, Rev. Leland Jones, Senior Pastor of Greater New Light Missionary Baptist Church in Atlanta, GA was injured and ended up using a walker. Ten days later his wife told him that she wanted a divorce and Rev Jones found himself in a dark and dreary place. He stated to an audience of health care providers, local clergy and residents "I felt the walls of my soul beginning to close in", during a recent forum on mental well-being hosted by the NAMI. Rev Jones was diagnosed with depression and stated "Even though I was getting back to an integrated mindset as to how to operate in this world, everything that was important to me was no longer there for me."

Story 2

"I thank God for the opportunity to talk about life with neurological disorders, as a pastor. "I have Tourette Syndrome, OCD tendencies, and Generalized Anxiety Disorder. "When I was young, I wanted to ignore my disorders as much as possible, but when I got into college, I realized that God did not make a mistake when He carefully made me in my mother's womb. I was made the way I am for a purpose, to accomplish something in God's plan I couldn't accomplish any other way. "Honestly, given the choice, I would not change who I am. Life can still be really tough, particularly with anxiety attacks, but I'm content with God's decision." "I'm told from time to time that if I were really trusting in God, if I really trusted Him to heal me, I would be healed from Satan's curse. "I do not see it that way; however, I love the Lord with all my heart. I believe He could cure me if He wanted to. "I asked God often (with the faith of a child) to heal me when I was young, but as God told Paul, "My grace is sufficient for you, for my power is made perfect in weakness," and so I believe He has made known to me. "And I'm okay with that. "God has a mission for me; it means He made me special, and that's an incredible gift." "It is a difficult topic, I believe, however that if Christians as a whole moved from trying to "cure" everyone or ignoring the topic, to trying to walk alongside them, offering whatever help they can, offering prayers of love, our country would be changed." People suffering in the black of disorders like Schizophrenia, Depression, Anxiety, Bipolar, and BPD would see the light of Christ in the dark, rather than an endless tunnel.

Story 3

"Earlier in life, I became aware of some mental health issues in my own family. When I became a Christian, the initial reaction I heard regarding issues was that if people

would trust the Lord enough, then they would be healed. But let us use the same line of reasons with a physical medical issue that we all can acknowledge. You do not trust the Lord through a broken leg alone. One of the ways you trust the Lord is that you go to a doctor and get a cast.

When I became a pastor, I was a bit naïve. In a recent CNN article, I gave the story of Jim. I began to realize that Jim and I were praying together, and we reading the scriptures together. And yet, when he was on his medication, he really was healthy and whole. This was a turning point for me to understand that perhaps the key word in real mental illness is illness. I had to see that he was sick, not just struggling spiritually, but actually physically sick, which was a major distinction.

Story 4

Bishop William Young and his wife, Pastor Dianne Young, co-founded the National Suicide and Black Church Conference about a decade ago after a member of their Memphis, TN, congregation shot and killed herself under a large cross on the church grounds. Fifty attended the first biennial meeting and about 500 attended the 2013 gathering.

Story 5

National media reports about the suicide of forty-two year old Teddy Parker Jr., pastor of Bibb Mount Zion Baptist Church, in Macon GA. According to reports, Rev. Parker sent his wife and children ahead of him on Sunday, November 10th, 2013. After Rev Parker failed to appear at the church where he was expected to deliver the sermon,

his wife returned home and found him in his car, still parked in the driveway, dead of a self-inflicted gun wound.

Parker's loved ones are shocked and confused that he committed suicide. One media outlet reported a congregant mentioning that Parker preached against suicide, but a prominent mega pastor in Atlanta, GA, a friend of Parker, admitted that he was aware that his friend was suffering with manic depression and had been dealing with emotional issues. Dr. Smith went on to note that he knew Parker was in treatment but "couldn't back away from ministry."

Parker's tragic death offers an unfortunate opportunity to critically assess the types of theological ideas propagated within some churches that might harm those who live with mental illnesses. It also provides a chance to name the violence of silence that often shrouds talk of mental illness within some Christian worshipping spaces."

Story 6

"One particular Sunday, a close friend and I left service, walking away winded after having leapt and danced and cried until we were sweating through our clothes. Within a few minutes of our exit, my friend stated with stark certainty, "I feel like killing myself." His desperation had everything to do with his inability to reconcile his seemingly contrary desires and actions with the condemnatory preached message he had been receiving. And, like him, I too had been imagining suicide. I loved and had sex with men and was reminded about the sinful nature of homosexuality as much as I could bear. I was overwhelmed and saddened by the truth of his words, which was also my truth, the fact that we felt so unworthy within our community of saints that we imagined freedom as only coming from self-mutilation.

At that moment, I was confounded by the reality that spiritual practices, at least those in which we had participated in that Sunday, could go so far in terms of working out one's literal salvation, in fact, some practices might very well exacerbate one's demise. And sometimes psychotropic medication coupled with therapy, might be the intervention that save us."

These stories remind us that even at the senior pastor level of large or small congregations, mental illness can affect anyone. The struggle is real for each individual in these stories and those who are open and vulnerable about their issues appear to live healthier lives. Even in those cases where the pastor received counseling and had friends, he could share his feelings with; life can become so overwhelming that death becomes the only answer.

Some sr. pastors seem to be fearful of addressing the topic of mental health and counseling or medication management even when the word Christian is associated. For this reason is why we are witnessing an increase in calamity in the black church. Pastors and members become so overwhelmed with the major stressors in their lives; i.e. marital issues, a push to compete with other churches, congregation issues, financial and health and sexuality dilemmas. This fear could be based upon (1) pastors and church members conducting counseling without adequate training; (2) an inability to "face their own demons" (3) following the traditions of the black community/family/church in the belief that Christians don't get depressed, pray; family business stays in the home; just deal with the pink elephant in the room; (4) ignoring mental health issues keeps the people in bondage and gives power to the pastor.

The for mentioned example more than the others does more harm than good and as a result churches subsequently abandon efforts to reach out to the emotional and relational needs of their members and the community as a whole. The church and community are affected when faced with the tragedy of hearing about a leader they respect has made a decision to end their life. Therefore taking the stance to become vulnerable about their struggles and educate their members and give them permission to openly deal with their authentic self, leads that human life to a place of wholeness. With this in mind, the black church has an enormous outreach opportunity to provide professional, competent counseling to families in their collaboration with licensed Christian counselors trained to handle low to severe mental health issues.

In seeing this in the stories shared, it is time to stop sitting back laughing and pointing at the person who does not quite look like us. We have been guilty over the years running away from the people in our churches who noticeably have a mental health issue because of ignorance allowing them to suffer in silence and shame. It is about that time and the time is now that someone presents a careful and theological blueprint of how to incorporate counseling ministries and centers within the black church.

These stories awaken a reality within our very souls that mental illness has no barometer and it can affect the greatest to the smallest. It's not to insinuate that the pastors and others affected by mental illness have these very thoughts but it potentially becomes difficult to training pastors on the area of mental health. There is often push back about counseling and taking psychotropic medications for their depression, OCD, Bipolar, etc. You may hear them say I do my counseling from the pulpit; people do not

need any but the preached Word. It is clearly through these examples that this theory is not that accurate.

You will find listed the results from the survey conducted indicates the primary concerns for counseling were:

- Marital topics - 56.25%
- Depression & Spiritual - 37.5%
- Other (Divorce Care, Painful life experiences) 18.75%
- Substance Abuse - 12.50%

The majority of referrals were self-referrals: 37.50% and 12.50% from the pastor. When asked the question on the survey, "Does your pastor encourage participation in Mental Health services at Turner Chapel; 70% yes, 30% no: another question addressed; does your pastor educate you on the topic of mental health; 47.37 % yes, 52.63% no. This data indicates even though the pastor supports mental health issues, the message is not crossing all boundaries and more education on the topic is needs. A large percentage of the participants from the survey, interviews and focus groups indicated a satisfaction with their counseling experience, learned more strategies to solve or cope with their issues, learned to think more clearly/accurately to reduce distressing emotion or behaviors, gained a greater understanding and clearer sense of self identity, live a healthier lifestyle, i.e. better sleep and eating patterns, decrease alcohol use, improvement of their relationship with others and close relationship with God, increased self-awareness and self-esteem. Individuals report a starched difference before they engaged in mental health services. A few responses from the survey were chosen to demonstrated how individuals few the tenets of counseling. (Full survey in Appendix)

Question 27

After having completed a round of counseling what are the differences in your attitude surrounding the need for counseling services within the body of Christ?

Responses:

- Realize that your mental condition can and is impacting your spiritual self.
- Learned that counseling can provide a healthier mental condition.
- Always said the church needs to provide these services in a nonjudgmental manner.
- I understood how I ended up in the place that leads to the painful life experience.
- I was in a place where I was able to forgive everyone involved including myself

Question 33

What did you find most helpful with regards to your mental health treatment?

Responses:

- The fact that everything that occurred in the session was biblically based
- Learning more about my spouse
- How to recognize trigger points
- Communication is important

Question 34

What did you find least helpful?

Responses:

- The frequency the counselor wanted to meet versus what I felt was adequate
- Speaking in general rather than speaking directly to the issues and the person with them
- Limited visits covered by health insurance

Question 38

What was the scope of your understanding about mental health before engaging in therapy?

Response:

- That somehow people that sought mental health services were mentally unstable
- I didn't have much of a scope before engaging
- You only get counseling if there is a major issue
- People were crazy if they attended therapy

Individuals overall experience with counseling and the counseling center was extremely satisfied and they would continue and recommend it to friends and family.

Question 49

Response:

- If you have never received any mental health treatment, please explain.
- I am so thankful that God has kept me and I have a sound mind
- Never felt I needed it
- What's to explain? Either I'm loopy or I'm too loopy to know. Either way it's worked 74 years and still working so I'm just going to keep rolling with it.

- I would not seek counseling at my church because of my position in the church. I'm somewhat concerned with the confidentiality.

The next collection of data was derived from results from a Depression Support Group consisting of fifteen participants, thirteen women and two men. This group met weekly for five weeks from 6:30 p.m. – 8:00 p. m. These results were not surprising as most research denotes that women are more likely expression their emotions and engage in groups than men. The individuals were given an opportunity to boldly and openly share the dark places this thing called depression has taken them to. The group spoke about the following topics that had them depressed: Spouse leaving them with nothing, loss of job, loved one or home; low self-image and worth because of traumatic childhood memories, i.e. molestation, rape.

The participants overall were comfortable and please to have an opportunity to share their stories and hear from others. This helped them understand they were not alone in this battle with depression. There were others who, even though they were there, were ashamed and received push back and little support from their parents for not having enough faith. The participants found it helpful to received biblical teaching and reference that validated how they were feeling.

This small group/support model proved effective because of the intimacy of the groups and the ability to speak openly in a perceived safe space. It also provides a space for the development of close relationships where people do not feel they are on an island alone.

Depression is a topic that is familiar to most people, sometimes taking seriously and at others times just hoping the person will pull themselves together. Major

Depressive Disorder is a mood disorder which feelings of sadness, loss, anger, low self-worth, energy level, difficulty concentrating, loss of interest in things you once enjoyed (ex, shopping or golfing) and crying spells interfere with everyday life for at least two weeks. It was confirmed in the group that depression is a medical illness and not a sign of weakness or attention seeking and it is treatable. The facilitator informed the group that depression can have huge effect on their lives and without treatment; they have the propensity to struggle for months or years and could lead to suicide in order to eliminate the pain. Families and their career may suffer if this disease is not attended to.

Along with small group conversations about each person experience with their depression, training was provided about the disease as well as biblical teaching on how to deal and overcome their depressed state of mind. (Appendix attached on training material for small group). This support group format call also be used to address other issues that Christians deal with on a day to day basis: Surviving Cancer, Intimate Partner Violence, Diabetes, Grief and Loss, Divorce Recovery, Crohn's & Colitis to name a few.

It was interesting to explore the lack of knowledge about Mental Health in the Black church. Most of the people attending black churches have little to no interest in pursuing any type of counseling and are definitely against taking meds. Listed are some of the responses to the interview questions asked regarding mental health.

What is considered a mental illness?

When you're crazy

People who talk to themselves and be seeing things

Having multiple personalities

When demonic spirits attack the persons

If a person has to go to a mental facility

When a person has a hard time functioning day to day

What does it mean to have a mental illness in the Black Church?

It means we lack faith in God.

I would not comfortable around someone like that.

Black people really don't suffer from mental illness…it's more for while people.

Can mental illness be prevented?

I'm not really sure, but I believe that it can

It can be prevented if people follow the bible and not sin

It may not be prevented if someone in their family has it

Once someone has been diagnosed with a mental illness can they ever get better?

They can get better if they pray and put their trust in God and I believe counseling can help

Do you believe that Substance abuse is a mental disorder?

Most of the respondents did not see substance abuse as a mental disorder. It was simply people take a few drinks to relax or have a good time but found it harmless and definitely not a mental illness.

However studies reveal that it is a mental illness because the addiction to the alcohol or drug changes the brain in fundamental ways, disturbing a person's normal hierarchy of needs and desires and substituting new priorities connected with procuring and using the drug. The resulting compulsive behaviors that override the ability to control impulses despite the consequence are similar to hallmarks of other mental illness.[1]

[1] Substance Abuse and Mental Health Services Administration (SAMSA), http://www.samhsa.gov/

The responses to these questions certainly support the need for education in the black church. People would benefit from knowing how mental health affects us all and that we are in communion with one another to help our fellow Christians through their situation. It is so often that we turn away from an opportunity to minister to the heart, body, mind and soul. A pastor who understands mental illness and mood disorders can create an authentic community where people receive help and love instead of being shunned.

CHAPTER SIX

SUMMARY, REFLECTIONS AND CONCLUSIONS

Goals & Outcome of the Effects of Mental Health in the Black church

The black church has slowly started to tackle mental illness as an essential area of focus when it comes to managing matters of the people. It is the believed that because the church holds such an important role in the community, they should take the lead to help people experience a sense of wholeness suffering with mental illness. History has proven that AA's are a resilient people who have withstood slavery and discrimination to move forward and lead productive lives and build vibrant communities.[1]

Through U.S. history, the AA community has faced inequities in accessing education, employment, and health care.[2] However, strong social, religious, and family connection has helped many AA triumphs over hardships in their day to day lives and maintains the best possible mental health.[3] Christians in the black church, underestimate the impact of mental health disorders.[4] Many come to the conclusion that symptoms of

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1. M. Littlefield. "The black church and community development and self-help: The next phase of social equality. *Western Journal of Black Studies*, 29 no 4, (2005) 687-693.

2. Daily steps | The Grace Alliance; "Developing a holistic mental health care plan for your loved one. Info@mhgracealliance.org www.mentalhealthgracealliance.org.

[3] Daily steps| The Grace Alliance.

[4] J. Queener and J. Martin. "Providing culturally relevant mental health services: Collaboration between psychology and the African American church". *J. Black Psychol.* 27 (2001) 112–122.

mental illnesses, such as depression, (sadness, crying spells, feelings of worthlessness, isolation, etc.) are simply sad feelings that they will eventually get over.

Ideologies of distrust and the mental illness stigma frequently lead AA to deny the need for mental health support as long as they are able to get to church on Sunday and engage in the full worship experience.[1] Often, AA turn to family, church and community to cope with their multitude of issues versus a mental health professional. The level of religious commitment among AA is high. In a study, approximately 85% of AA respondents describe themselves as "fairly religious" or "religious" and prayer was among the most common way of coping with stress.[2] Because AAs often turn to community, family, friends, neighbors, community groups and religious leader for help, the opportunity exists for community health services to collaborate with local churches and community groups to provide mental health care and education to family and individuals.[3] Studies have shown that family participation in a support group or a church group can improve the family's ability to care for family members with mental disorders and cope with the emotional distress of being a caregiver.[4]

The researcher did not engage the senior pastor with regards to their support of mental health in their Black churches but rather spoke to the participants regarding their

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5. Lewis, J. & Trulear, H. (2008). Rethinking the role of African American churches as social service providers. *Black Theology: An International Journal, 6*(3), 343-365.

6. B. C. Post and N. G. Wade. "Religion and spirituality in psychotherapy: A practice-friendly review of research". *J. Clin. Psychol.* 65 (2009) 131–146.

[3]. B. C. Post and N. G. Wade

Davidson, Larry et al. "Peer Support among Persons with Severe Mental Illnesses: A Review of Evidence and Experience." *World Psychiatry* 11.2 (2012): 123–128. Print.

knowledge and awareness of mental health issues. Among the Christians interviewed and surveyed most were open to accepting mental illness as physiological reality, but other, if they did not hear it from the pulpit it yielded little to no value. When asked the question on the survey, "Does your pastor encourage participation in Mental Health services at Turner Chapel; 70% yes, 30% no: another question addressed; do your pastor educate you on the topic of mental health; 47.37 % yes, 52.63% no. The interview responses from the random sampling indicated that they were not familiar with the intricacies of mental health to make an informed decision.

AAs, for the most part have viewed major depression and other mental illness disorders as a sign of spiritual weakness. A paradigm shift in the church has to happen if the sr. pastor is going to have a positive impact in educating its members and bringing them in a position of wholeness. Mentally illness is rarely specifically or blatantly addressed in sermons, Sunday school or small groups. It is time we expose this issue and give people permission to discuss the topic while wrestling through their theological questions/dilemma.

A reasonable approach for moving forward is to set up consultation sessions with senior pastors because they serve as vital influence and voice of reasoning and decision making. It is the role of the pastor spread this good news to their people. They will be asked to preach/teach on Sunday mornings and teach on their Bible study nights on specific mental health issues that affect the black church and their families. The topics/themes do not have to be diagnosable conditions such as depression, grief, anxiety, bipolar, schizophrenia, PTSD, substance abuse but more general themes that speak to the mental issues. These topics may include: Overcoming Fear and Rejection (anxiety); How

to get through the holidays (depression); When you've lost a loved one (grief), Dealing with separation/divorce; Too blessed to be stressed (depression); Dealing with molestation as an adult (PTSD); Spirits vs. Spirits (Substance Abuse).

These are recommendations that should happen in order to move this initiative further and push the people to a place of wholeness, ministering to the mind, body and soul.

- Pastors and lay ministers can become trained in the signs and presentations of mental illness
- The church could serve as part of a triage unit; this unit helps identifies those person who have needs.
- Culturally competent care is critical to everything- Authenticity is a must
- Providers of care should understand the history of their context; i.e., the AA experience

Every year in the US, more than 25% of the adults suffer from a diagnosable mental illness. These afflictions include serious and chronic diseases like schizophrenia and bipolar disorder, as well as more common problems like depression and anxiety disorders and everything in between.[5]

One major way the church can assist those struggling or living with mental illness is to be in community with them. This has been proven to work best in small

9. Amy Simpson, Ministering to Those with a Mental Illness; How to help those suffering; 4 Session Bible Study

groups.[6]Small group leaders are in a unique position because they minister so closely to a few people. When mental illness affects someone, either personal or as a family issue, that person carries that burden every single day, and small groups can help them carry the load.[7] But small group leaders and members may not know how to help and may actually respond in ways that are counterproductive.[8]

Small Groups as a way the Church can help initiate the dialogue of Mental Health:

- Acknowledge your fears
- Recognize and embrace the truth – even people with mental illness are created in God's image
- Foster a culture of compassion and authenticity
- Watch your response
- Care for the person
- Model acceptance
- Foster a culture of compassion and authenticity
- Pray together and not as a substitute
- Work through a Bible Study on mental illness/health
- Remember your example of God's love

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[6] Amy Simpson.

[7] Amy Simpson.

[8] Amy Simpson.

Summary of Learning

It was evident through this study and other research studies that more research must be done to close the gap in understanding mental health and to develop culturally competent interventions for African Americans. With proper diagnosis and treatment, AA like other populations can increasingly and more effectively manage their mental health and lead healthy, productive and whole lives. The researcher did not elaborate on the black church's response on the concept of mental illness and medication for Christians. The belief system that most Christians have prescribed to is that God's infinite power has the ability to change all situations. The ideology is that Christ lives in us suggest that everything in our hearts and minds should be fixed. However, we have discovered that we do at times need medical assistance.

Due to the increase of recent murders, police shootings and suicides, mental health has become a topic of much intense interest, sparking conversations in the black church. There are questions and accusations that arise about the spiritual nature of an individual who could possibly instigate such tragic behavior. The questions are asked, "What kind of mental illness causes people to stop trusting and praying to God and molest and murder innocent children or commit suicide.

The upside of these conversations is simply that we are at least having them and asking the difficult questions and the desire to learn more. However, the downside addresses the reinforcement of stereotypes and stigma. Our society believes people with a mental illness are more violent than others although studies have disproven this thought.

According to the US Surgeon General's Office, "the overall contribution of mental disorders to the total level of violence in society is exceptionally small."[9]

This penetrating dilemma of why the black church continues to struggle with the issue of seeking mental health more than mainstream society will continue to be addressed. AA Christians should be making greater strides into destroying the stigma and shame of mental illness. It is time for our community to break free from the self-doubt, fear, procrastination and lack of confidence that is preventing the black church from achieving greater spiritual freedom and wholeness. People are crying out for help, and they cannot afford to be ignorant or afraid. Christians must break the stigma and shame of mental illness.

There were statistics as well that demonstrated that more black people are seeking treatment for depression and other mental health issues. The black church has also taken a leadership role in publically addressing mental health issues. It is apparent that any one given church will not be able to address every issue concerning the body of Christ but the goal is to address and not ignore those that affect the congregation the most. The key to addressing mental illness in the black church and reducing evidence of its affect would be to empower leadership and the people by embracing this concept of mental health treatment.

The black church has the propensity to advocate for and walk alongside people who suffer/live with mental illness. Shame and abandonment is the last thing people affected by this illness need to encounter amongst Christians/believers. In general, the

[9] NAMI, the National Alliance on Mental Illness, -https://www.nami.org

church tends to handle mental illness in one of three ways (1) ignore it (2) treat it exclusively as a spiritual problem (3) or refer people to professionals and wash our hands of their trouble. 86 When the church ignores, it accepts the responsibility to be the church, which implies the church "must be clothed with tenderhearted mercy, kindness, humility, gentleness, and patience" (Colossians 3:12). The message sent says that our faith is not large enough to manage problems we do not understand. Mental illness in the black church certainly raises taxing questions, but these questions are in no way a threat to God and they are not inconsistent with Christian theology.

If we simply treat mental illness as only a spiritual problem, stipulating that all one needs is more faith and prayer, could potentially suggest that suffering people do not deserve God's grace. It mirrors the Pharisees, whom Jesus said, "they talk a good line, but don't live it. They seem to take pleasure in watching you stagger under large loads, and wouldn't thing of lifting a finger to help" (Matthew 23:3-4, Message Bible)

The body, mind, and spirit are interconnected in ways too mysterious to unravel.[10] Sicknesses are ultimately spiritual in origin; they entered our world as a result of humanity's rebellion against God.[11] But to assume that disorders and diseases which attack the brain have direct spiritual causes and solutions is to misunderstand the way God created human beings.[12] Mental illnesses are real, treatable and manageable conditions caused by genetic, biological, or environmental factors, or some combination

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14. Amy Simpson, Amy Ministering to Those with a Mental Illness; How to help those suffering; 4 Session Bible Study.

[11]Amy Simpson,

[12]Amy Simpson,

of the three.[13] It is at this time we acknowledge the truth in denying or discourage medical psychological treatment for those who live with a mental health diagnosis is as malicious as to deny treatment for cancer, a broken arm, or a case of diabetes. It becomes mind boggling when people who believe that other physical ailments should be treated only with faith and prayer are considered cultist or heretics but such a perspective on mental illness is accepted within mainstream Christianity.[14]

Mental illness can be cultivated, or exacerbated, primarily by the way the Senior Pastor chooses to address this topic with their congregations. People with mental health issues are no less deserving of compassion and resources, than those with other lifestyle-related diseases like HIV, diabetes, and heart disease. It is well understood that most pastors do not claim they can heal broken bones and cancer through their religious training and should possess the same knowledge or belief with regard to psychological issues being out of the scope of their expertise.[15] However when someone does come to the sr. pastor for assistance, it does not mean he ignores the individual and dismiss any means of helping them but the pastor should continue to minister and show the love and acceptance of Jesus. The healing process becomes most effective when the black church confers with the mental health professional, creating positive relationships that insight safe space.

Todd W. Hall. . "Christian Spirituality and Mental Health: A Relational Spirituality Paradigm for Empirical Research." *Journal of Psychology & Christianity* 23.1 (2004).

[14] Todd W. Hall.

[15] L. Chatters et al. "Use of Ministers for a Serious Personal Problem Among African Americans: Findings from the National Survey of American Life". *Am. J. Orthopsychiatry* 81 (2011) 118–127.

Examples of how the Church can help:

- Talk about it. Every year, more than 25 percent of the U.S. adult population suffers from a diagnosable mental illness—mostly quietly and in shame.
- 2.) Assemble a network. Before a crisis, find professionals with a variety of specialties. Build relationships with them, ask for advice, and be ready to partner when someone needs care.
- 3.) Foster friendships. People affected by mental illness need friends who will not abandon them when they're symptomatic.
- 4.) Walk through treatment. Visit the hospital. Bring casseroles. Help with the cost of medications. Ask how treatments are going. Minister to people with mental illness in the ways you minister to people recovering from surgery or enduring cancer treatments.[16]

Conclusion

Churches benefit most when they chose not to suffer in silence and address the hidden message of mental illness. Based on the results of the study participants and the research conducted, the black church has a charge to address the issues around mental health. The congregation should be a safe space for those who struggle and have a desire to end the shame and suffering. The research supports the hypothesis that if spiritual growth and nurture is combined with mental health treatment in the black church, members and community can experience a greater quality of life.

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20. M. Littlefield. "The black church and community development and self-help: The next phase of social equality. *Western Journal of Black Studies*, 29 no 4, (2005) 687-693.

Throughout history, AA churches have been a source of guidance and support for the AA people.[17] The church is the first place most result to when they find themselves in predicaments outside of their control. When the church, therefore, is silent in addressing mental illness, it feels like rejection from God. This confirms the reason that mental health must be addressed in the black church to prevent the abandonment of the most vulnerable. It is time that the church becomes less of the problem and more of the solution in moving its people to a place of wholeness.

It is time for the black church to take this concept of mental health seriously. When we begin to think about mental health in the same terms as physical health, everyone has a place on the spectrum of mental health which should be afforded the same type of attention versus being the silent killer.

God has called people and equipped them spiritually and professionally to address the whole individual and meet their every needs as they come Sunday after Sunday looking to be made whole. Through the research it was discovered that small but developing literature recognizes the diverse roles that pastors play in identifying and addressing mental health in their congregations.[18] Although the role of the pastor in mental services delivery has not been studied extensively, a few analyses have attempted a methodical assessment that focuses on mental health in the black church.[19]

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[17] M. Littlefield.

[18] Scott Floyd. *Crisis Counseling: A Guide for Pastors and Professionals.* (Grand Rapids Michigan. Kregel Publications. 2008)

[19] Scott Floyd.

As I look upon this mammoth task that God has placed before me, I am reminded of my favorite Scripture; Being confident of this very thing, that he which hath begun a good work in you will perform it until the day of Jesus Christ (Philippians 1:6, KJV).

APPENDIX A

Mental Health Satisfaction Survey

APPENDIX A

Mental Health Satisfaction Survey

Rev Marlo Mathis, Candidate for DMin Program at United Theological Seminary is interested in obtaining your comments regarding your Mental Health experience offered to you through New Horizons Counseling Center, Inc., housed at Turner Chapel AME. Your honest responses help in proving my theory supporting the effectiveness of addressing mental health services in the Black Church. Please complete this questionnaire and return it to the Counseling Center at Turner Chapel AME. Thank you!

Indicate the primary concerns you presented with to the Center. (Check all that apply)

Spiritual

Depression

Marital Topics (Pre-marital, Marriage Counseling)

Substance Abuse (Alcohol, Marijuana, Cocaine, Amphetamines, etc.)

Other Please explain

Please indicate who referred you to the Counseling Center:

Self

Pastor

Employer

Church Member

Parent/Relative

Friend

Other

My concerns that brought me to seek mental health services have improved as a result of the services provided. **Yes**___ **No**___
My counselor helped me to find my own solutions. **Yes**___ **No**___
I am satisfied with the accomplishments that I made in counseling
I have learned one or more strategies to solve or cope with problems. **Yes**___ **No**___
I learned to think more clearly/accurately to reduce distressing emotions or behaviors. **Yes**___ **No**___
I gained greater understanding or a clearer sense of identity. **Yes**___ **No**___
I live a healthier lifestyle in at least one area.
(Example: I get more sleep, exercise more, eat better, and use less alcohol or other drugs). **Yes**___ **No**___
I improved my relationship with another person. **Yes**___ **No**___ **with** God
I improved my spiritual awareness. **Yes**___ **No**___
I increased my ability to recognize, name, and/or appropriately express my emotions. **Yes**___ **No**___
I increased my self-confidence or self-esteem. **Yes**___ **No**___

What did you learn from entering into counseling services that has led to positive changes in your life?

What did you find most helpful with regards to your Mental Health treatment?

_____
_____
_____
_____

What did you find least helpful with regards to your Mental Health treatment?

_____
_____
_____
_____

If you could change anything about your counseling experience, what would it be?

_____
_____
_____
_____

Were there services that you needed that weren't offered?

_____
_____
_____
_____

Who or what encouraged you to begin Mental Health treatment?

If needed in the future, would you return for services at this Counseling Center?
☐Yes
☐Maybe
☐No if no, why not? _____

Would you recommend Counseling to a close friend with Mental Health issue?
☐Would highly recommend it
☐Would recommend it
☐Would recommend it with some reservations
☐Would not recommend it
☐Would advice against it

Please rate your overall experience with the Counseling Center.

Extremely Satisfied
Very Satisfied
Satisfied
Dissatisfied
Extremely Dissatisfied

Do you have any additional comments?

_____
_____
_____
_____

Name (Optional) _____

Do you feel that your church and/or family have any misconceptions about counseling services?

Does your Pastor encourage mental health services for the congregation?

Does

What made you consider beginning counseling?

Did you initially seek counseling in the church or in a more secular setting?

Did your church provide any type of mental health services prior to your beginning counseling?

Have you known any other individuals who began or completed a course of counseling?

Did you have any reservations about the confidentiality of counseling within your church body?

If so, were your reservations grounded in fact or suspicion?

Initially, did you have trust in your counselor? If not, were you able to develop that trust?

Have you found therapy services helpful in improving your mental health issues?

Did you personally know your therapist prior to your beginning counseling?

Would you recommend that a client know the therapist prior to beginning a regime of therapy?

Did you find that church centered counseling had any effect on your spiritual relationship in Christ?

After completing therapy, would you recommend therapy to your friends and family?

If so, would you recommend services be completed in your church home as opposed to secular clinics?

Did you feel any type of spiritual connection in the church centered counseling that you could not achieve in secular clinics?

Do you agree that church centered therapy is more advantageous to Christians than secular therapist?

Do you feel any significant improvement in your mental health status following counseling?

After having completed a round of counseling, what are the differences in your attitudes surrounding the need for counseling services within the body of Christ?

After having counseling services, do you feel you have a greater understanding of the concept of spirit, soul, and body?

Before your experience in therapy, did you support counseling services being offered in the church?

After your experience in therapy would you now support counseling services being offered in the church?

Do you have any family history of mental health treatment?

What were your family views of therapy prior to this experience?

APPENDIX B

Depression Support Group Material

Depression Support Group Training Material

In 2009, the Gallup-Healthways Well-Being Index showed 17% of respondents as having been diagnosed with depression. There are people in the pews every week - ministers, too - struggling with mental illness or depression, and we need to recognize this.

Americans making less than $24,000 a year and those who are separated or divorced are the most likely of all the subgroups analyzed here to report having been diagnosed with depression -- at 30% and 29%, respectively. Women and those aged 45-64 also report that they have been diagnosed with depression at a level higher than the national average, in the 21% to 22% range. Asians, men, those with annual incomes of at least $60,000, and those who are married are least likely of the subgroups analyzed here to report having been diagnosed with depression.

Many of the variables that are related to reports of depression work in a cumulative fashion; when Americans fall into more than one of these higher-risk categories, their likelihood to report that they have been diagnosed with depression increases. For example, women are more likely than men to fall into the lowest income bracket (25% vs. 19%, respectively) and are more likely to be separated or divorced (16% vs.11%). Among separated or divorced women who report making less than $24,000 per year, 45% report having been diagnosed with depression -- which is more than twice the national average. At the other extreme, the percentage of Asian men making at least $60,000 per year who report having ever been depressed is only 4% -- less than a quarter of the national average.

"OVERCOMING DEPRESSION"

Over 50% of those dealing with depression never ask for help or seek treatment. There are adequate answers for depression but you have to be willing to get well. The key to any cure is ___commitment___.

HEALING THE BODY

- ___Antidepressants___ are the most commonly prescribed treatment for depression.

- Antidepressants correct ___brain___ chemistry, which then ___stabilizes___ your mood.

- When you're depressed, neurotransmitters in the brain can become depleted and these medications ___restore___ these neurotransmitters to the proper levels.

- If you rely only upon medication and don't work on the underlying or surrounding ___issues___, you're only ___managing___ the symptoms.

- ___Talk___ therapy can be as effective as using medication for some types of depression.

- Talk therapy helps you understand the ___roots___ of your depression and make necessary changes.

- When it comes to treating bipolar disorder, it's important to address ___psychosocial___ factors. One of these factors is ___social support___.

- It's important to have ___consistent___ treatment when dealing with bipolar disorder. A regular sleep schedule and routine can help tremendously.
- Electro-Convulsive (Shock) Treatment is considered safe and effective for ___severe___ depression. It's effective for those at high risk for ___suicide___ and for severely depressed ___elderly___ who cannot take medications because of heart disease.

- Not only does depression cause sleep problems, but also ___insomnia___ can cause depression.
  - Limit alcohol and caffeine intake, exercise, try reading before bed, eliminate napping during the day, and develop a good sleep routine and schedule

HEALING THE MIND

- Depression is fought mostly in the ___mind___. Our thinking affects how we feel and how we ___perceive___ the world.

- Depression can be brought on by unresolved ___grief___.
  - *Acknowledge the loss you experienced*
  - *Identify how you feel about the loss*
  - *Grieve and release your loss to God*

- The most common cause of depression is negative ___thinking___, which leads to negative ___emotions___, which create negative perceptions, which influence negative thinking.

- In order to break free from depression, your ___thinking___ must change.
  - *Identify depression triggers*
  - *Identify the emotion felt*
  - *Write down the thoughts you have when you feel this emotion*
  - *Ask Christ to bring truth to you*
  - *Write down the renewed thought*
  - *Revisit the emotion*
  - *Begin to walk in healing with new actions and behavior*

Once you change your thinking, there may be other areas of your life to could stand some change…

1. Forgive those who have hurt you or let you down.

a. Unforgiveness can be a root of depression and can lead to bitterness and hardness of heart.
b. Forgiveness is not the same as reconciliation.

2. Deal with sin in your life.

a. Depression can result from unconfessed sin and ongoing disobedience to God's word and direction.

3. Avoid blaming others.
a. Though others may be the source of your pain your response is what ultimately matters to God.
b. Are you hiding behind blame and won't take action to get better?
c. Will you allow your pain to draw you toward God or away from Him?

4. Change your expectations.
a. Don't expect life to happen without loss or disappointment.

5. Seek meaningful relationships
a. When you're depressed negative people don't help improve your mood.

6. Don't feel stigmatized over using medication.
a. If medication is helping you, don't listen to the opinions of uninformed people.

7. Become more assertive.
a. A common problem associated with depression is being too passive.

8. Become a problem solver.
a. Find a solution to a presenting problem.
i. *Define the problem.*
ii. *How often or how long is it happening?*
iii. *Do something.*
iv. *Evaluate how well things are going.*
v. *If what you're doing doesn't work, try another tactic.*
9. Do something for someone else.
a. Doing for others usually improves mood.

10. Break overwhelming task into small steps.
a. Set priorities.
b. Break task into small, manageable steps.

11. Work on interpersonal relationships.
a. Depression is often rooted in relationship problems.
b. Work on restoring relationships and improving troubled ones.

12. Trust in God.
a. People will let you down!

b. It's easier to trust someone you know well, so spend time with the Father.
c. God can do wonders with a broken heart if you give him all the pieces.

13. Commit yourself to good behavior.
a. Participating in activities that pull them out of their negative moods helps depressed people.
i. Go to work you may not feel like getting out of bed.
ii. Plan an activity and stick to it.
iii. Get more physical exercise and commit yourself to follow through on your plans.

14. Overcome your losses.
a. Identify each loss
b. Separate the abstract from the concrete losses
c. Separate real, imagined and threatened losses
d. Convert imagined and threatened losses to real losses
e. Facilitate the grieving process
f. Face the reality of the loss
g. Develop a biblical perspective on the loss
h. Renew your mind to the truth of who you really are in Christ

SUMMARY

1. Acknowledge the depression (Proverbs 12:25)
2. Trust in God to help you (Psalm 46:1)
3. Praise in despite the circumstance (Psalm 34:1)
4. Speak hope into your situation (Psalm 39:7)
5. Think on good things (Philippians 4:8)
6. Seek meaningful relationships (Hebrews 10:24-25)
7. Let it go (Ephesians 4:31-32)
8. Commit yourself to good behavior (Philippians 4:9)
9. Renew your mind (Romans 12:2)
10. Submit to God & resist the Devil (James 4:7)

Next Steps

You have just read a lot of information about dealing with depression. Below you will find more specific information on the topics we discussed here.

More Useful Information

1. Major Depression: What Are the Symptoms?
2. Treating Depression: What Are Your Options?
3. How Antidepressants Work
4. Tips for Managing Antidepressant Side Effects
5. Getting Started: Talk Therapy for Depression
6. How Long Should You Take Antidepressants?
7. 15 Ways to Treat Depression Naturally
8. How Exercise Helps Depression
9. Why Aren't You Treating Your Depression?

Treating Depression

Everyone feels sad sometimes. Depression is when those feelings of sadness get so intense that you feel helpless, hopeless, or worthless for longer than a few days. Sometimes you also may have trouble concentrating or sleeping and you may feel incredibly tired all the time.

The good news is there are now many effective, proven ways to relieve depression.

For most people, the first treatments a doctor will try are **antidepressants and psychotherapy**. Some studies have found that combining therapy with medication works better than medication alone.

The important thing is that there are a lot of options. Keep reading to learn more about antidepressants, therapy, and healthy habits that can help.

Antidepressants

Some of the most common drugs for depression are Celexa, Cymbalta, Effexor, Lexapro, Paxil, Pristiq, Prozac, Remeron, Wellbutrin, and Zoloft. Doctors may try one of these drugs first.

If they don't work for you, your doctor may suggest another type of medication or a combination of different medicines. There are many options with different benefits and side effects.

How they work: Scientists think they work by helping to improve how nerve cells in the brain communicate.

What to know: Unfortunately, doctors can't predict how well a specific medicine will work for someone. And unlike a pain reliever or a sleeping pill, antidepressants can take weeks or months to work. Don't get discouraged! With some trial and error, you and your doctor will find a medication that works for you. If your depression is hard to treat, your doctor may combine other medications with antidepressants.

Antidepressant
Side Effects

You may have worries about side effects from taking medication.

It's true that antidepressants may cause side effects, but the good news is that most people don't have any problem taking them. Depending on the medication, antidepressants may cause increased appetite and weight gain, low sex drive, insomnia, jittery feelings, dry mouth, blurred vision, and fatigue and drowsiness.

These side effects don't affect everyone, and if they do, many times they eventually fade. But if they don't, your doctor can change your medicine or dosage or talk with you about how to manage side effects so they don't bother you as much.

Counseling and Therapy

Therapy is a key part of depression treatment. While it might not work as quickly as medication alone, some studies show that certain types of psychotherapy may help your medication work faster and have more lasting benefits.

How it works: You may need to talk to several therapists until you find the perfect fit for you. You can take part in therapy either one-on-one, with your spouse or family, or in a group. Your therapist will help you determine what is right for you.

Types of therapy: Several types of therapy may help with depression. Among them are:

- Cognitive behavioral therapy (CBT)
- Psychodynamic therapy
- Interpersonal therapy

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- **Types of Therapy**
- **Cognitive behavioral therapy (CBT)** works on the assumption that negative thinking affects your mood. It helps you see how your own thought patterns can contribute to your depression and teaches you practical ways to change them.

Psychodynamic therapy helps you understand and cope better with problems by identifying and talking about unresolved conflicts that may be contributing to your depression.

Interpersonal therapy focuses on helping you improve communication with family and friends and increase your self-esteem so you can interact with them in a healthy way.

"Natural" Treatments for Depression

You may have heard that some herbs and supplements can be used for depression. But do they work? So far, some studies have found that these supplements may help some people with mild depression. The strongest evidence is for:

- SAMe
- St. John's wort

Supplements, like any drug, have side effects. And some can interact with medicines your doctor may prescribe, too. Be sure to talk to your doctor first before trying anything for your depression, especially if your symptoms are interfering with your everyday life.

Exercise Can Help

When you're depressed, just getting out of bed can seem hard enough. The idea of starting the day with a walk or jog might seem impossible. But exercise releases chemicals in the brain called endorphins, which boost your mood. Studies have shown that regular exercise -- even just walking -- can make you happier, build your stamina, and boost your self-esteem.

Getting Started: Start with something simple, like a 10-minute walk around your neighborhood every morning. It's much easier to work your way up from there instead of setting goals that seem impossible to reach.

Tips for Success: To help you stick to your goals, exercise with someone else. Meet a friend at the gym a few times a week or take after-dinner walks with a neighbor.

APPENDIX C

Depression Focus Group

DEPRESSION FOCUS GROUP

"DEALING WITH DEPRESSION"

Depression affects the ___body___, mood, thoughts, and ___soul___. It is a persistent ___sadness___ that permeates most aspects of your life- sleeping, eating, working, communicating with God, socializing, and enjoying life.

Depression is an ___ache___ in the soul that crushes the ___spirit___.

A depressed mood negatively affects your ___perception___ of the world, which then feeds your ___negative___ thinking.

- **"The situation is hopeless."**
- **"I'll never be able to change."**
- **"I'm unloved."**

This negative thinking almost always involves a negative view of the ___self___, the world, and/or the __future___.

When depression hits, your relationship with ___God___ is usually depressed as well.

- God seems far away or uninterested.
- You believe He is unable or doesn't want to help you.

Generally speaking, the ___Christian___ community doesn't know how to respond to those who struggle emotionally. The Christian community has not been taught how to respond to emotional problems.

Depression is a natural consequence when we experience ___losses___ in our lives. It is critically important that we understand how to respond to such losses, since everything we possess we shall someday lose.

TYPES OF DEPRESSION

The most common types of depression are ___major___ depression, dysthymia, ___adjustment___ disorder, bipolar depression, and seasonal ___affective___ disorder.

1. **Major Depression**

- Feelings of chronic sadness, hopelessness, worthlessness, and helplessness.
- Loss of interest in things that were pleasurable.
- Lack of energy, difficulty concentrating & remembering.
- Develop sleep difficulties & experience appetite changes.
- Feelings or restlessness, irritable, and suicidal.
- It is usually severe and persists for at least two weeks.

2. **Dysthymia**

- Chronic low-grade depression that causes distress and creates problems in living life to the fullest.
- This depressed state hangs on for at least a two-year period.
- Experience appetite changes, low energy, sleep difficulties, low self-esteem, feelings of helplessness & hopelessness.

3. **Adjustment Disorder**

- Occurs as a response to a single event or situation.
- Symptoms usually develop within three months of the stress event(s) and resolve before six months' time, or when stress is no longer present.
- This type of stress can result from a breakup with a significant other, a marital problem, financial crisis or a divorce.

4. **Bipolar Depression (*Manic Depression)***

- Involves mood swings that cycle.
- The depressed cycle: all the symptoms of depression, suicidal thoughts that lead to suicide attempts.
- The manic cycle: overactive, talkative, elated, unable to sleep and irritable, increased sexual desires, poor judgment, and inappropriate social behavior.

5. **Seasonal Affective Disorder**

- Related to changes in the seasons and decreasing amounts of natural sunlight, as days get shorter.
- Usually begins in mid-October and ends around April.
- Symptoms include tiredness, irritability, and inability to concentrate, weight gain, craving carbohydrates, isolation and difficulty getting out of bed in the morning.

CAUSES OF DEPRESSION

There may be one or multiple causes for a type of depression. ___Stress___, heredity, and ___genetics___ all play a role.

Here are some of the common causes of depression:

- Loss (relationships, circumstances, expectations, dreams)
- Significant life transitions
- Chronic medical conditions
- Physical changes in the body- stroke, heart attack, cancer, hormonal disorders
- Personality traits- perfectionism, pessimism, being overly dependent
- Stressful changes in life patterns
- Unresolved anger
- Unrepentant sin and disobedience
- Occult involvement
- Negative thinking patterns
- Multiple stressors
- Side effects of medications
- Alcohol and drug intoxication and withdrawal
- Diet- specifically low levels of folic acid and vitamin B_{12}
- Degenerative neurological conditions such as Alzheimer's and Huntington's disease
- Viral infections such as hepatitis and mononucleosis

PHYSICAL SYMPTOMS OF DEPRESSION

1. **Energy Level**
- Loss of energy, excessive fatigue, and unrelenting tiredness
- Approximately 10% of the melancholic seriously struggle with endogenous depression.

2. **Sleep Disturbance**
- Although some people feel like sleeping all of the time, insomnia is actually more common.
- Psalm 77:3-4, 7-9

3. **Activity Level**
- Depression is accompanied by a decreased involvement in meaningful activities and a lack of interest in life and commitment to follow through.

4. **Lack of Sex Drive**
- A decrease in sexual interest, or drive
- A wish for isolation, feelings of worthlessness, criticism of one's own appearance, loss of spontaneity, and apathy

5. **Somatic Complaint**
- Physical aches and pains such as headaches, stomachaches and lower-back pain
- Psalm 38:6-7

6. **Loss of Appetite**
- Though depression is often accompanied by a loss of appetite, in 20% of depression cases there is an increase of appetite and craving for food.

MENTAL & EMOTIONAL SYMPTOMS OF DEPRESSION

1. **Sadness**
- Crying and brooding are common for those who are in a funk.

2. **Despair**
- Despair is the absence of hope

3. **Irritability & Low Frustration Tolerance**
- Depressed individuals have very little emotional reserve; they have low tolerance for the pressures of life.

4. **Isolation and Withdrawal**
- People with depression pull away from others though avoidance often adds to the downward spiral of depression

5. **Negative Thought Patterns**
- Generally speaking depressed individuals have trouble thinking, concentrating, and staying.
- They have difficulty believing positive and good things about themselves.
- They struggle with guilt that prompts them to be irrational, unreasonable, and even delusional.
- They cannot think positively about the future.

6. **Suicidal Thoughts**
- Resulting from thinking of themselves to be helpless and hopeless
- Suicide is a way of escape

In Psalm 38 David expresses almost every symptom of depression listed above:

- Somatic complaints (vs. 3)
- Guilt & despair (vs. 4)
- Irritability, low frustration tolerance, loss of appetite, sadness (vs. 5-8)
- Low energy & diminished activity (vs.10)
- Isolation & withdrawal (vs. 11)
- Negative thoughts (vs. 12)
- Thoughts of suicide (vs.17)

David also shares two keywords in this psalm that are necessary for recovery from a sense of helplessness and hopelessness (vs. 15 & vs. 18)

INDICATOR LIGHTS

What are emotions? Emotions are to our soul what our ability to feel is to our body. Emotions are like the indicator lights on the control panels of our cars. There are ___three___ potential ways you can respond when the indicator light comes on. You can

ignore the warning by putting a piece of duct tape over it; this is called ___suppression___. Another option is to take a small hammer and break the light; that is called ___indiscriminate___ expression. The third option is to look under the hood to discover the cause; that is called ___acknowledgement___.

Depression affects the whole person, and a complete cure requires a ___holistic___ answer. Any treatment for depression must focus on the ___cause___, not the effect.

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